

# *Medical Economics*

MAY  
1943





## Bawled out... who me?

The doctor I work for is one of the busiest pediatricians in town.

When I started working for him, I noticed that he was prescribing plain cow's milk modified—almost as routine. Once in a while when he had a problem case—he would look to S-M-A as his trouble-shooter.

Well, that made me wonder. If S-M-A\* worked so well in tough cases . . . wouldn't it work even better on normal infants?

I mentioned this to the doctor. For a minute, he looked as if he was going to bawl me out. But instead, he said it sounded like a good idea. He decided to try S-M-A on all of his patients . . . for a while.

The results were so successful . . . he gave me a raise last week!



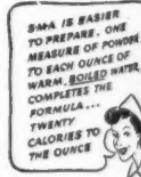
Why don't you try S-M-A in your own practice, doctor? See if it doesn't work better.

\* \* \*

**BUSY  
DOCTORS  
TODAY—  
PRESCRIBE  
S-M-A!**

With the exception of Vitamin C . . . S-M-A is nutritionally complete. Vitamins B<sub>1</sub>, D and A are included in adequate proportion . . . ready to feed. Their presence in S-M-A prevents the development of subclinical vitamin deficiencies . . . because the infant gets all the necessary vitamins right from the start.

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The infant food that is nutritionally complete

\*REG. U. S. PAT. OFF.

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of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

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# Medical Economics

THE BUSINESS MAGAZINE OF

THE MEDICAL PROFESSION



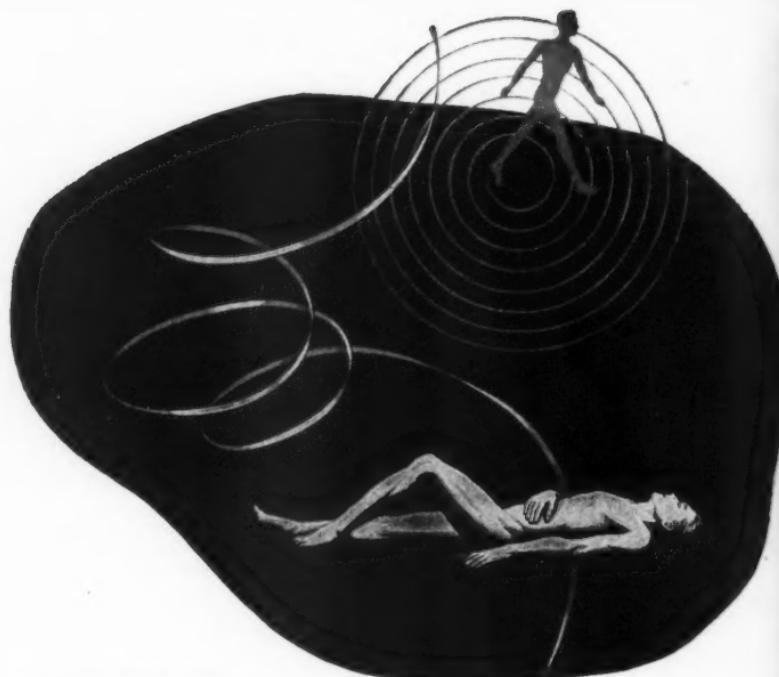
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*Made for the Profession*

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# *Speaking Frankly*

## *Specialty Licenses?*

It is about time we doctors looked more critically into the machinery by which specialty certificates are granted. I find, in talking with my colleagues, that there is considerable opposition to the present set-up and substantial sentiment in favor of the creation of a government unit to issue these certificates.

In other words, some of my colleagues think—and I agree with them—that specialty certificates should be granted in much the same way that licenses to practice are issued.

One obvious advantage would be that physicians would not have to pass upon the qualifications of their co-workers. Thus, the chance of favoritism or of jealousy would not be so likely to be present.

I should like to hear what physicians in other parts of the country think of this proposal.

M.D., Pennsylvania

## *AMA Defended*

There has been so much misunderstanding—and, at times, misstatement—concerning the attitude of organized medicine toward prepayment medical care plans that it may be well to attempt to clarify the situation. Critics have pointed to the fact that the American Hospital Association has given great impetus to the hospitalization insurance movement by guiding and supervising local hospital care plans; the American Medical Association, they say,

has fallen down on its job by failing to assist prepayment medical plans in the same way.

In my opinion, the AMA has demonstrated sound judgment in doing no more at the present time than to give approval and moral support to such ventures on the State front. Massachusetts members of the AMA House of Delegates have been vigorous supporters and builders of the recently launched Massachusetts Medical Service (a State medical society project). It is doubtful, however, that when sitting as responsible members of the House of Delegates they would commit that group to definitive action on the many unresolved and controversial problems of prepayment medical plans in general. They would be the first to decry as preposterous the demand that the AMA act as the responsible and organizing group over all these local experiments. It is well to remember in drawing a parallel with the hospital service plans that they were not taken under the wing of the American Hospital Association until they had had many years of costly experience and were well on their way to substantial success.

It should perhaps be emphasized that several important constructive actions have been taken by the AMA with respect to the prepayment medical plans. To illustrate:

In 1935, it voted approval of medical plan experiments by local medical societies. In 1942 it approved the use of medical service contracts

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regeneration of epithelium—  
prevent infection—  
relieve pain

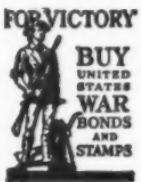
In burns, abrasions, anorectal  
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Gadolets—small, convenient gelatin  
applicators containing Gadoment.



**The E. L. Patch Company**  
Boston, Mass.

and cash indemnity contracts by medical society plans. In 1942 organized the first national meeting of the medical service plans and acted as host to them at AMA headquarters in Chicago. Its activities this year were intended to be quite extensive, but have been curtailed by illness and loss of manpower and by necessary preoccupation with the war effort.

Stimulated by the meeting in 1942 some representatives of the plan met in Chicago in February of this year and organized the Medical Service Plans Council (see April MEDICAL ECONOMICS). Since the relationship our organization will bear to scientific medical organizations in the future is not yet clear, we have established a contact committee which will work with the AMA on this problem.

The magnitude of the task which would confront the AMA if it were to attempt any active supervision or prepayment medical plans at this time is evident in a consideration of the great many types of plans now in operation. Some, for example, offer complete medical care contracts others offer partial coverage contracts. Some have one income level of subscriber eligibility; others have a different level or no level at all. Some start with enabling legislation others, without. Some function on a service basis; others, on a cash indemnity basis. Some are supervised by State insurance departments others, by public health departments. Some work in close alliance with hospitalization insurance groups others do not. Some enjoy the enthusiastic support of the medical profession; others must contend with vigorous minority opposition. Some are established on a State-wide basis

GET TI

# Gremlins

of sphygmomanometry

. . . OFF-LEVEL TILT

The accurate mercury manometer operates on the immutable law of gravity and should be so positioned that the mercury column, at rest, stands exactly at zero. Level placement of the instrument is essential to the taking of accurate bloodpressure readings. Regardless of the inherent accuracy of the apparatus, "tilting" will cause incorrect readings.

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others operate on a county or local basis.

Despite this great variance as to type, it can safely be said that pre-payment medical care plans should originate with and be supervised by local medical units of the State or county. Experience indicates clearly that from the viewpoint of improving the grade of medical care, such plans are better controlled by physicians than by industrial, consumer cooperative, government, or other non-medical groups.

I have greatly admired the way in which your informative magazine—now so widely read—has led the profession to think of matters which are basic yet which tend to be neglected. You will perform a great service both for the free American medical profession and for the cause of traditional American fair play if you will

keep watch for future ingenuous or blatant disparagements of the medical profession, whether voiced in Senatorial committee rooms in Washington or at grange meetings in Podunk.

James C. McCann, M.D.

President, Medical Service Plan  
Council  
President, Massachusetts Medi-  
cal Service  
Worcester, Mass.

### "Runaway" Refugees

"A Refugee's Answer" to the refugee doctor problem amused me. It seemed weak and elementary.

I respect those refugee doctors who have volunteered for military service. But many American doctors with large families have left practices to enter the service, too; and I for one don't feel that replacing them on

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CALAMATUM (Nason's) — a soothing non-greasy cream with important therapeutic advantages.

1. CALAMATUM'S Camphor and Phenol content reduces itching and general discomfort.
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CALAMATUM (Nason's) is a desiccant, mildly astrin-  
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*The External Cod-Liver Oil Therapy*

**USED EFFECTIVELY IN THE TREATMENT OF  
Wounds, Burns, Ulcers, especially of the Leg, Intertrigo,  
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Desitin Ointment contains Cod-Liver Oil, Zinc Oxide, Petroleum, Lanum and Talcum. The Cod-Liver Oil, subjected to a special treatment which produces stabilization of the Vitamins A and D and of the unsaturated fatty acids, forms the active constituent of the Desitin Preparations. The first among cod-liver oil products to possess unlimited keeping qualities, Desitin, in its various combinations, has rapidly gained prominence in all parts of the globe.

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**Indications:** Minor Burns, Exanthema, Dermatitis, Care of Infants, Care of the Feet, Massage and Sport purposes.

Desitin Powder is saturated with cod-liver oil and does not therefore deprive the skin of its natural fat as dusting powders commonly do. Desitin Powder contains Cod-Liver Oil, (with the maximum amounts of Vitamins and unsaturated fatty acids) Zinc Oxide and Talcum.

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THE WM. S. MERRELL COMPANY

CINCINNATI, U. S. A.

the home front with refugees is fair.

Did this refugee doctor ever consider that the rub might be that we feel he should be in there fighting with us instead of running away from military service? As I understand it, the refugee doctor has the same privilege of volunteering in the army as our own doctors.

M.D., New York

*It is true that refugee physicians from countries friendly to the United Nations may volunteer for service in the army. Refugees from Germany, Italy, Austria, and other enemy nations, however, are not accepted. Nor will the navy accept foreign-born persons regardless of their origin, unless they have been naturalized for at least ten years and have spent these ten years in continuous residence in the United States.*

### ACS Membership

Do you know authoritatively the present membership of the American College of Surgeons—or could you get me this information?

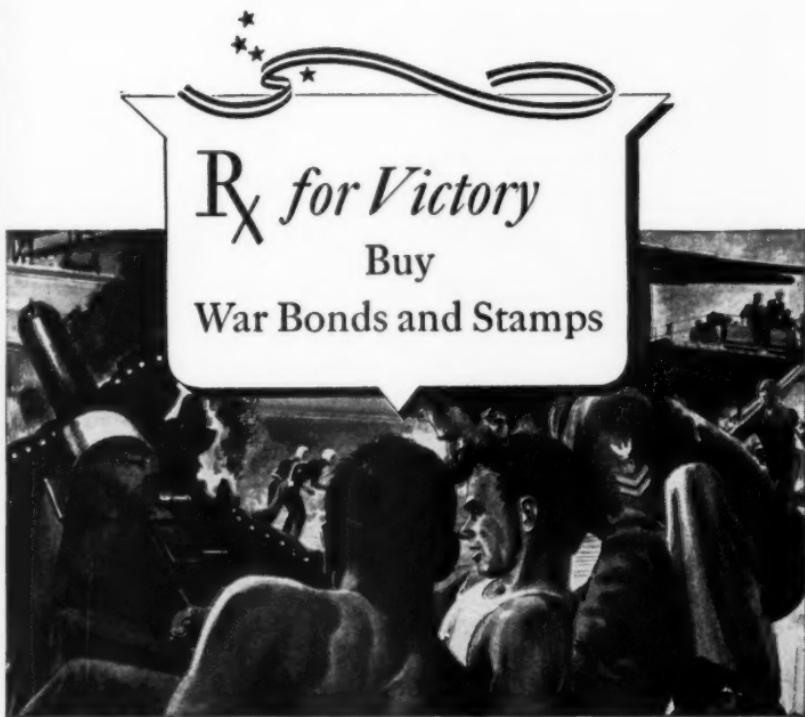
M.D., New York

*The present membership of the American College of Surgeons is 13,500.*

### Compulsory Rural Training?

Many areas are short of doctors. Some are without any medical service at all. What does the profession propose to do about them? Since I am only a layman, and a doctor's wife to boot, I hesitate to offer a suggestion. My idea is not original, but is based upon observations I made in Mexico.

Regular medical school graduates there are now required to serve a year at some rural health center. They are paid for this service by the government. I cannot go into the de-



## Lend more that they may suffer less

Remember—money invested in War Bonds and Stamps is not all spent to maim and kill. A generous part of every dollar buys the medical supplies and equipment that mean the difference between life and death for thousands upon thousands of wounded men. Invest in Victory—victory over pain and death as well as over our enemies.

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tails of the setup, but it is adaptable to use elsewhere.

For a long time there has been a half-expressed and unofficial notion among medical men that all specialists should have a background of general medicine. It would not seem a bad idea at all to ask all budding urologists, pediatricians, neuro-psychiatrists, and others to take two years of general practice in some rural community which is in need of a doctor of its own.

Medical societies could back up the request by refusing membership unless this condition were met by all young applicants. The specialty boards, too, could make it a requirement.

No doubt this is the rankest kind of interference with free enterprise and individual liberty. So is an internship, if one thinks about it. But the interference is better imposed from within than from without. Unless something is done quickly about the rural community that is without medical care the Federal Government may take a hand by setting up its own school and educating men especially for this field, as has been done south of the border.

State and Federal governments could enforce compliance among regular medical men by refusing licenses to those who had not served in rural health work. It may be that internships in a hospital after medical school will not be considered enough.

Medical societies all over the country should have some plan on hand, other than pure obstruction, for meeting this specific situation when the blueprints in the hands of government planners are brought before legislatures.

Hazel Miller Levine  
Iron River, Mich.

"Pain kills like hemorrhage by exhausting vitality!"

*Guillaume Dupuytren*



Dupuytren — the great French surgeon — early recognized that pain is not only a symptom, but a pathogenic, destructive factor as well. This is especially true in hemorrhoidal conditions in which there is both pain and hemorrhage, and in which the venous engorgement is aggravated by the inflammatory reaction of the intensely irritated nerve endings.

The rationale of inhibiting hemorrhoidal pain by prolonged local anesthesia, so as to afford the calmed tissues an opportunity to retrogress to normal, is thus obvious. But practical experience is better than theoretical consideration. Since 1930, in many hundred thousand cases

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has proved its therapeutic usefulness by . . .

1. Anesthetizing the Hemorrhoids
2. Arresting the Bleeding
3. Promoting Healing

enabling sedentary and industrial workers to maintain their mental and physical efficiency.

*Professional Packet*



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- During this war you may get "only a taste" now and then of Dole Pineapple. The reason is good— $\frac{3}{4}$  of the fruit and  $\frac{1}{3}$  of the juice we pack are going to the Armed Forces.
- Future crops of Dole Pineapple are being prepared for you. The fields we are putting in now, for example, will bear fruit in 1945.

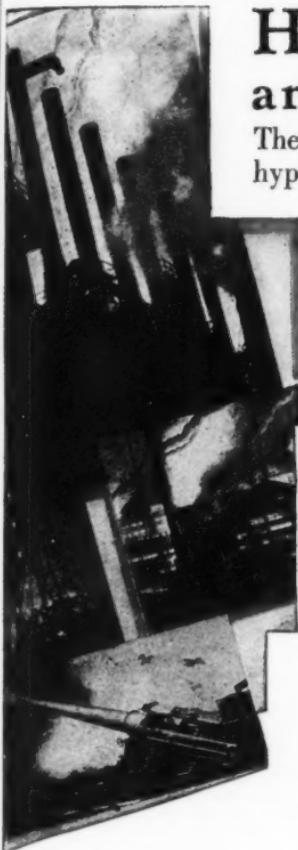
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# HYPERTENSION and National Welfare

The social and economic loss caused by hypertension is of particular concern at the moment, since the active, sthenic, hard-working types of individuals are most susceptible to this disease.<sup>1</sup> Of further concern is the apparently decreasing age at which hypertension does harm.<sup>2</sup>

Among the productive age groups of 20-64 years, 35.9% of deaths are due to cardiovascular-renal diseases.<sup>3</sup> Hypertension is a causative or associated factor in three-fourths of these yearly deaths.<sup>4</sup> It has been estimated that hypertension is responsible for 23% of all deaths of individuals over 50 years of age.<sup>5</sup> As a cause of morbidity as well as mortality, hypertension far outranks cancer.

While no specific treatment for hypertension is as yet available, a considerable measure of symptomatic control is possible.

For such control, ALLIMIN is steadily and consistently gaining a wider acceptance by physicians. Therapeutically, ALLIMIN has been found to be an effective and safe peripheral vasodilator for the control of elevated blood pressure. In practice, ALLIMIN has been found impressively useful for the alleviation of such symptoms as headache and dizziness that so frequently manifest themselves in hypertension.

ALLIMIN is safe and non-toxic. The administration may be maintained without fear of undesirable side-effects or untoward reactions.

**COMPOSITION:** ALLIMIN tablets are enteric coated, tasteless and odorless. They contain 4.75 gr. dehydrated garlic concentrate and 2.37 gr. dehydrated parsley concentrate. The minimal

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Address \_\_\_\_\_

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2. ALLEN, E. V. Occupational Disease Symposium, Northwestern Univ. Med. Sch., p. 70, 1938.
3. U. S. Census, 1938. Quoted from Public Health Reports, 56:2081, Oct. 24, 1941.
4. ADSON, A. W. **Hypertension**, Univ. of Pa. Press, Philadelphia, 1941, p. 21.
5. MULHOLLAND, S. W. J. Urol., 42: 957, 1939.

# NEW...

IN SYMPTOMATIC MANAGEMENT OF PRIMARY DYSMENORRHEA

**RELIEF OF PAIN  
*plus*  
CONTROL OF  
UTERINE SPASM**

ATTEMPTS to abolish the pain of excessive menstrual contractions by analgesic medication alone have met with poor success. In many cases opiates have been the only source of relief.

A recent development of Merrell Research makes possible the relief of menstrual distress by combining a new sympathomimetic amine, Nethamine, with established analgesic drugs.

Nethacetin controls uterine spasm and relieves pain with a high degree of safety and effectiveness. Ephedrine-like side reactions, such as pressor effect, sleeplessness and nervousness, are extremely rare.



# NETHACETIN

BRAND OF SYMPATHOMIMETIC ANODYNE TABLETS

A NEW PRODUCT FROM THE MERRELL RESEARCH LABORATORIES

#### FORMULA

Methylethylamino-phenylpropanol (Nethamine brand) hydrochloride . $\frac{1}{2}$  gr.  
(levo-n-ethylephedrine hydrochloride)

Acetophenetidin ..... 3 $\frac{1}{2}$  grs.  
Acetylsalicylic acid ..... 2 grs.

#### PHARMACOLOGY

Pharmacologic studies of Nethamine have shown that it increases the tone of uterine muscle tissue while diminishing or inhibiting individual contractions. It is superior to ephedrine in this respect; also its pressor action and stimulating effect upon the central nervous system are very slight as compared with ephedrine.

#### CLINICAL EFFECTIVENESS

On the basis of pharmacologic investigations, a controlled clinical study of Nethacetin was undertaken, using an industrial group of 113 dysmenorrheic patients. Results of this study (now in press) were as follows:

Definite relief was obtained from the use of Nethacetin Tablets in 85.3% of cases.

As a control, identical tablets containing the same amounts of acetophenetidin and acetylsalicylic acid, but without Nethamine, were administered to the same group. Relief obtained was negligible.

#### DOSAGE AND ADMINISTRATION

For the relief of pain and spasm in primary dysmenorrhea, two tablets are administered with hot water, followed by one tablet every 2 or 3 hours as needed. Usually not more than three tablets are needed for each period.

Nethacetin is available at prescription pharmacies in bottles of 100 and 1000 tablets.

*Write for literature and sample*

Trade Marks "Nethacetin" and "Nethamine" Reg. U. S. Pat. Off.

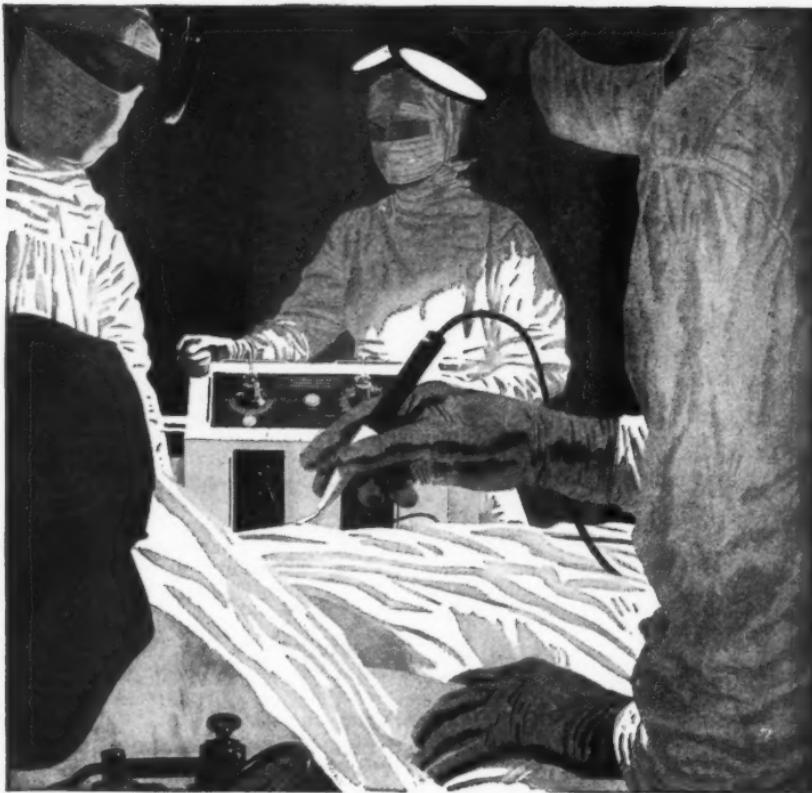


## MERRELL

115th Year

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### **The Electrical Knife that speeds up war-time surgery!**

- The terrifically destructive effect of the modern bomb was shown at Pearl Harbor . . . when approximately 400 out of 600 admissions to one hospital were classified as serious.

This high percentage of major wounds calls for surgery of the utmost speed. That's why so many military surgeons today are using a knife that was unknown in the last war . . . a knife that cuts with an electrical flame!

It's not only fast and clean, but it seals up tiny blood vessels as it cuts . . . dramatically reduces bleeding. The precision instruments used to control the current in knives of this kind are electrical indicating instruments . . . a type that we at Gruen are making for all services!

We're proud that our background of 69 years making *Precision\** watches has fitted us for this important task.

Remember this . . . and remember the wounded whose needs come first . . . if you are unable to obtain the particular Gruen watch you want! The Gruen Watch Company, Time Hill, Cincinnati, Ohio, U.S.A. In Canada: Toronto, Ont.



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WATCH...BUT  
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The children of

# VICTORY

must be sound  
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WISCONSIN ALUMNI  
RESEARCH FOUNDATION

Approved for  
**VITAMIN D**  
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**This Seal Assures the  
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From the fire of our present trials will come a new concept of proper nutrition. From the ranks of American children must come the strength, the healthy vigor, and the staunch leadership the world will so sorely need.

No small part of the health and vigor required for these new responsibilities depends upon the development of bodies well formed and strong, upon teeth that are sound and healthy. And these largely depend upon how well Vitamin D is given the chance to mobilize

food-calcium for bone and tooth structure. Calcium is also needed for its vital mission with relation to muscle tone, nerve function, blood clotting, and normal heart action.

The Foundation Seal, or the imprinted name of the Foundation itself, is assurance that all foods and pharmaceuticals so identified can be accepted as wholly reliable sources of Vitamin D, tested periodically for potency.



**WHAT IS THE FOUNDATION?**—Let us mail you the booklet, *Scholars from Dollars*, the story of the Foundation and its work. Established in 1925, not for private profit, the Foundation receives and administers patentable discoveries, voluntarily assigned. Through licensing arrangements with reliable concerns, funds are obtained. All net avails are devoted to the furthering of research. Foundation trustees serve without compensation. Send for your copy of *Scholars from Dollars* . . . today.



WISCONSIN ALUMNI RESEARCH FOUNDATION, MADISON, WISCONSIN



## DECONGESTION WITHOUT VASOCONSTRICTION

**Safe and Effective Mucous Membrane Therapy**

• The ocular suffusion and decongestion incident to the Dowling tampon treatment indicate that ARGYROL'S action is physiological as well as chemical—that it marshals to its aid many of the natural defensive processes in combating infection.

The insertion of an ARGYROL tampon into the nose, often produces an intense injection and suffusion of the conjunctiva followed by decongestion. Indeed, ocular congestion present before the tampon insertion is frequently improved by this method, and visual acuity may be rendered more acute.

This then is evidence of ARGYROL'S

ability to achieve decongestion not only of the nasal blood vessels, but of the entire head, without resort to powerful vasoconstriction. Add to this, ARGYROL'S freedom from irritating properties in any concentration from 1% to 50%, the fact it is non-injurious to the cilia, its ultra fine colloidal dispersion and highly active Brownian movement, its controlled pH and pAg, and its remarkable detergent and soothing properties, and you have a few of the reasons why ARGYROL is the overwhelming choice of specialists in treatment of mucous membrane infections.

**A. C. BARNES COMPANY, NEW BRUNSWICK, N. J.**

### ANTISEPTIC EFFICIENCY PLUS

1. SOOTHING AND INFLAMMATION-DISPELLING PROPERTIES
2. NO CILIARY INJURY—NO TISSUE IRRITATION
3. NO SYSTEMIC TOXICITY
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5. DECONGESTION WITHOUT VASOCONSTRICTION

**SPECIFY THE ORIGINAL ARGYROL PACKAGE**



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## *Sidelights*

Civilian medicine's First Problem may not be the shortage of doctors after all—but the shortage of doctors willing and able to do general practice.



Many physicians overloaded with wartime practice are finding it possible to save time by eliminating non-essential hospital calls. There appears to be a tendency toward receiving progress reports on non-critical cases by telephone. Other doctors are speeding up their daily schedules by grouping their patients whenever possible in a single, centrally located hospital. Both expedients mean substantial savings in gasoline and rubber as well as in precious time.



The periodic discovery that some Congressman has just introduced a bill to socialize American medicine elicits no more than a yawn from the physician who has been in touch with Washington developments during the past decade. Congressmen have been introducing such legislation for years.

The main reason for concern over recent measures lies in their strong Administrative backing and their consequently greater chance of enactment in the future. Two sets of proposals that threaten private practice are now before Congress:

1. The reports of the National Re-

sources Planning Board (see article, this issue) and

2. The recommendations of the Social Security Board.

The NRPB reports were transmitted to Congress and made public in March. They are close to the New Deal heart and were prepared by a pet agency of the White House. The reforms they call for are, to say the least, sweeping.

The SSB recommendations, on the other hand, were included routinely in the board's annual report. The reforms they advise are—comparatively speaking—moderate. Under the Social Security Act of 1935 the SSB is charged with recommending changes in the existing law to Congress and it has simply followed instructions.

It is significant that in 1941 and again in 1942 the Social Security Board advised alterations in the Social Security Act—without getting anywhere. Congress not only refused to approve social security rate increases requested at that time but cancelled previously approved increases which were supposed to have gone into effect at the beginning of 1942.

This backtracking by Congress more than a year ago and its present insurgent spirit militate clearly against early acceptance of the SSB and NRPB recommendations.

Some SSB members are said to feel that the movement to broaden social security has been seriously injured by publicity given the NRPB

reports in recent weeks. By asking for too much, it is said, the National Resources Planning Board may have delayed by several years the Social Security Board's chances of obtaining less extensive reforms.

"As a New Deal reform program or a potential Democratic party platform for 1944," said Peter Edson in the New York World-Telegram recently, "the NRPB recommendations make interesting subjects for conversations about Utopia. But the mere fact that Congress has been totally uninterested in such stuff since the war began would seem to indicate that nothing serious will be done about the proposed reforms in the immediate future."

What disturbs medicine is the longer-term outlook.



The return to active practice of retired physicians is proving a good way to help stretch medical manpower during the doctor shortage. One difficulty, however, springs from the fact that an unused physician, like an unused car, has a high rate of obsolescence.

Especially in surgery is this difficulty pronounced. Surgical skill may not always rust with disuse, but confidence in the soundness of one's

techniques can—and often does—wane rapidly. After five years devoted largely to book-collecting or dahlia-raising, the one-time chief of service wonders if he's fit to do more than make ward rounds. Even in fields other than surgery the scientific advances of recent years may leave the retired physician unsure of himself.

Any man who is admittedly rusty but who plans nevertheless to emerge from retirement and lend a hand during the war deserves a hand himself. More thought might properly—and profitably—be given to means of restoring him to full function.



An epitaph for the tombstone of the now defunct consumer co-op White Cross Medical Service Plan of Massachusetts has been written by Harold Putnam for the left-wing periodical, *The Progressive*. Mr. Putnam was president of the Association of White Cross Members which, *The Progressive* says, "battled organized medicine and public apathy in a now unsuccessful attempt to make it succeed." A condensation of Mr. Putnam's words follows:

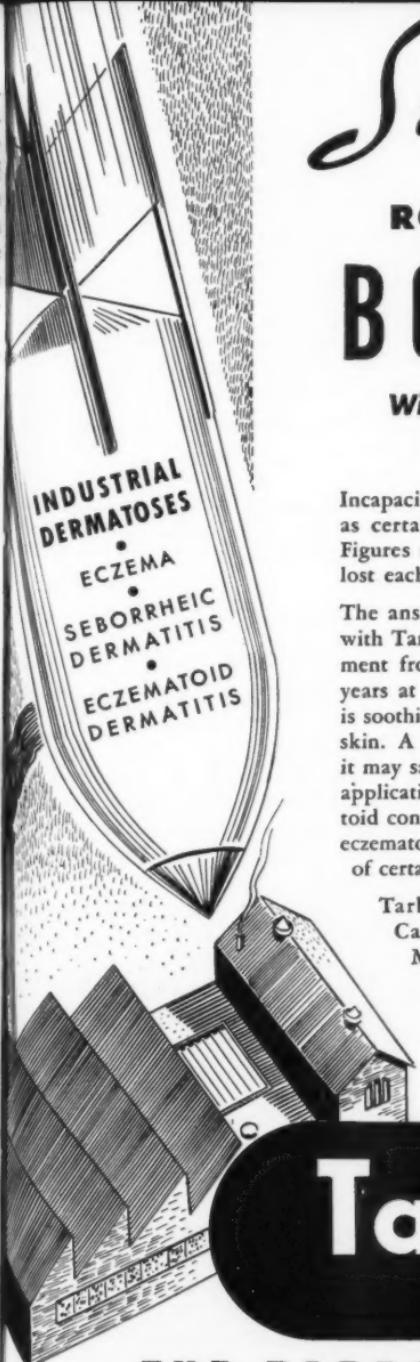
"Well, we're licked! What the dictators of organized medicine and the diehards of peanut politics couldn't

*Amend's*  
**SOLUTION**  
in the  
**Management of**  
**Noncritical**  
**Thyroid Disease**

In low-grade hyperthyroidism, when the basal metabolic rate is only reasonably elevated and does not demand surgery, Amend's Solution (iodine, largely in organic form, in aqueous solution) presents a close approach to ideal medication. It is virtually nontoxic, and in adequate dosage is well tolerated over the long periods during which it may be needed.

*Thos. Leeming & Co. Inc.*

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# Stop this ROUND-THE-CLOCK BOMBING!

**With a Therapeutic Agent—  
Not a Chemical Glove**

Incapacitating dermatoses impede production just as certainly as bombs dropped on the plant. Figures show a startling number of man-days are lost each month through this insidious saboteur.

The answer is prompt and continued treatment with Tarbonis Cream, a selected type of tar ointment from a formula developed and used for 8 years at Johns Hopkins Hospital. Tarbonis Cream is soothing and well-tolerated by the most sensitive skin. A uniform and non-irritating preparation, it may safely be used over long periods as a local application in the treatment of all types of eczematoid conditions, especially infantile eczema and the eczematoid dermatitis which is a common sequela of certain industrial dermatoses.

Tarbonis Cream is composed of Liquor Carbonis Detergents, Lanolin, U. S. P. and Menthol, U. S. P., in a special cream base.

Available for dispensing or prescription at accredited dealers, or write direct for samples and literature.

*A product of Donald Merrell & Co.*

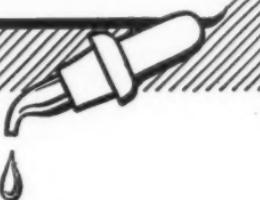
# Tarbonis

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**THE TARBONIS COMPANY**  
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**QUICK RELIEF  
IN EARLY  
POLLEN ALLERGY**

*Estivin*



**During the Spring months, the distressing ocular and nasal symptoms of pollen-allergy, commonly known as "Rose Cold," may be effectively relieved with Estivin.**

**One drop of Estivin in each eye, two or three times daily is generally sufficient to keep the average patient comfortable during the entire season. In more severe cases, additional applications whenever the symptoms recur will keep such patients relieved throughout the day.**



**Schieffelin & Co.**  
*Pharmaceutical and Research Laboratories*  
**20 Cooper Square New York, N. Y.**

accomplish has been achieved by the drastic and ever-increasing war shortage of doctors. More than half of our more than 200 affiliated physicians have gone into military service and more are going daily. What has happened to the White Cross may yet happen to other group health plans throughout the United States."

Several "pearls of collective wisdom" are said by Mr. Putnam to have been gleaned from two years of White Cross experience. Some of them are:

"The public won't swarm into a voluntary plan fast enough to answer the needs of the whole population. More government legislation is needed.

"You can't expect doctors who are risking their professional necks to subsidize your program.

"A huge increase in preventive medicine is possible when your bills are prepaid.

"The answer to all this seems to be greater participation by the government in the problem of the distribution of medical care. It means government defiance of the American Medical Association and a public demand for an expanded output from our medical schools.

"The fat boys of medicine will be sorry to learn that we group health crusaders will be back at the same old stand after the war—back with doctors more accustomed to working for a salary like the rest of us and a public infuriated enough to insist that this medical mess will not happen again.

"By that time, we'll have government medicine, in whole or in part, and it can't be any worse than the hopelessness of the fee-for-service plan where the people can't pay the



**I**N prescribing a vaginal diaphragm or a vaginal jelly, the physician is dependent on the integrity and skill of the manufacturer. Both physician and patient are afforded protection when products bearing the Ramses trade mark are specified.

Ramses Gynecological Products are offered for use under the guidance of the physician only. Their sale is restricted to retail drug stores.

The Ramses Physicians' Prescription Packet No. 501 contains a large size tube of Ramses Vaginal

Jelly, a Ramses Cushioned Rim Diaphragm of the prescribed size, and a corresponding size of Ramses Introducer.



gynecological division

**JULIUS SCHMID, INC.**

ESTABLISHED 1862.

423 West 55 Street

New York, N. Y.

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fees and the doctors haven't organized the service.

"If it takes national legislation to make doctors live up to their social responsibilities and to educate the people to use modern medicine, then what are we waiting for?"



When the band tritely plays "You're in the Army Now" as the latest batch of medical trainees tramps into camp, the doctor has yet to learn how abrupt is the transition from office white to military khaki.

We've been thumbing through one of the Baedekers of soldier-land—"Manual for Court-Martial," it's called—and it has made us particularly apprehensive about a certain young shiny-bars who never fails to speak his mind, whatever the consequences. For example, the manual devotes a grim article of war to the "Intimidation of Persons Bringing Provisions." And Shiny-Bars, heaven help him, takes an habitual delight in bawling out lax waiters! We shudder at the vision of his first army meal. Perhaps even now he is on the rock pile at Leavenworth, for the manual leaves no doubt that blasting the mess sergeant is only a step removed from assaulting the colonel.

Then there is another medical

plebe—not so young—who has made a lifetime avocation of castigating Congressmen, the Administration, and other pillars of authority with whom he disagrees. For him, one of the articles of war appears to have been written especially. It enjoins any officer from using "contemptuous or disrespectful words against the President, the Vice President, the Congress, the Secretary of War, or the Governor or legislature of any State, territory, or other possession of the United States in which he is quartered."



It takes all kinds. We came across two yesterday.

Said one—a G.P.: "Sometimes, when I feel I ought to see a patient once more before I'm through with him, I simply give him a gasoline ration coupon. It lets him drive to my office, spares me the bother of a home visit, and saves time all around."

"After all," he hastened to add, observing the ascent of our eyebrows, "if I don't use the coupon for a house call, why shouldn't the patient use it for an office call?"

"Of course I realize," he concluded a little doubtfully, "that this sort of thing could easily lead to abuse."

Our next encounter was with a



## "Our Sterilizer Gets Fresh Water Every Morning"

ESPECIALLY in these times of stress, your Pelton Sterilizer should start its day with fresh, clean water. That means quicker, more effective sterilizing action. And less mineral deposit on instruments and boiler.

**THE PELTON & CRANE CO., Detroit**



"It means your chest is swelling with justifiable pride," explained the Doctor.

"You mean because so many doctors are switching to Swan Soap?" asked Swanny.

"And also because of Swan's purity," the Doctor added. "Being purer than finest castiles is really something to brag about, Swanny. It makes Swan an ideal soap to use for babies."

"And what do my tests show, Doctor?"

"That Swan has no free fatty acids, no harmful alkalis, no coloring matter, and no strong perfume."

"What about my suds?" asked Swanny.

"Confidentially," whispered the Doctor, "I tried Swan in my tub and I never saw a floating soap that lathered so fast!"

Swan's economical, too—more real soap per penny than leading toilet soaps tested. And you can halve Swan and use it in two places: in bathroom and kitchen.

**Try Swan yourself and see if you don't think it's a fine soap to recommend for babies and grown-ups as well.**

# SWAN

PURE WHITE FLOATING SOAP

PURER THAN FINEST CASTILES



MADE BY LEVER BROS. CO., CAMBRIDGE, MASS.

practitioner who told us how he invariably collected his expert testimony fees for appearances on the witness stand. We asked him for the secret of his success.

"It's really quite simple," he confided. "I happen to have the damndest filing cabinet you ever saw. It's an extraordinary thing—you won't believe it—but every time I'm paid in advance and the lawyer wants to see my records in the case I can always put my hands on them. But when there's any question about my being paid, I can hunt high and low without finding a trace of them."



One prescription, one blank. That formula for assuring pharmaceutical efficiency is offered to physicians by interested pharmacists. Some medical men, it is reported, often write

two or more prescriptions on a blank. If one of the prescriptions calls for narcotics, it must be placed in the pharmacist's narcotic file. That makes it necessary for him to copy off the other prescription, with a risk of error. Another point: The druggist may be unable to fill both the prescriptions; how, then, can he return the unfilled one to the patient? Some practitioners even write prescriptions on both sides of the blanks, unhappy druggists declare.



It might have been expected that the stork—traditionally independent and resisting regimentation—would collide eventually with wartime restrictions. Now he's done it. Here is the experience of a member of the stork's entourage, as chronicled by a

[Continued on page 142]



Each soft gelatin capsule contains 50,000 U.S.P. units vitamin D (irradiated ergosterol). In packages of 100 through all pharmacies.

## *In the Arthritides*

Rapid relief of pain, increasing joint mobility, and gradual rehabilitation have attended a sufficiently large percentage of cases treated with massive dosage vitamin D to justify this conclusion: Diactol deserves consideration for every arthritic, regardless of how advanced the state of the disease.

THE PAUL PLESSNER COMPANY  
Detroit, Michigan

# DIACTOL

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"The high and practical patriotism of you men and women of The Anacin Manufacturing Company is inspiring. Your record will be difficult to surpass, yet the Army and Navy have every confidence that it was made only to be broken."

ROBERT P. PATTERSON  
Under Secretary of War



Official U. S. Signal Corps Photo  
shows Army doctors preparing for  
surgery somewhere in Australia.

## WE MARCH WITH THE MEDICAL CORPS

The high skill and devotion to duty of our Army and Navy medical men, using new techniques and new products, combine to create an inspiring record of life-saving in this war.

We of The Anacin Manufacturing Company, the men and women in the plants, laboratories, and offices, are proud to have been able to share in the drug industry's contribution to this achievement.

We are now privileged to fly the blue and crimson pennant of the Army-Navy "E."

IT IS THE EMPLOYEES of the company who have earned this award.

By working round-the-clock, every day, they have greatly stepped up production, so that all government orders have been delivered on or ahead of schedule. At the same time they have maintained a steady supply to the regular civilian channels.



Subsidiary of American Home Products Corporation

## The Newer Concepts of Meat in Nutrition

# Meat and the Acid-Ash Diet

MAINTENANCE of urinary pH within certain limits is frequently advisable in the treatment of local conditions in the urinary tract. This objective may be accomplished by the administration of inorganic salts and by the institution of proper diet. In some cases both means are utilized, while in others diet alone may suffice.

A diet for this purpose must be so organized in pH influencing factors that the urine will show the desired hydrogen ion concentration. Thus dietary adjustment becomes a valuable tool in the treatment of urinary tract affections.

Phosphatoptosis, with or without calculi formation, and infection with *Escherichia coli* are common conditions

of the urinary tract in which maintenance of an acid pH of the urine is indicated. Because phosphate precipitates only in an alkaline medium, phosphatoptosis and the recurrence of phosphate concretions are prevented by holding the urine to an acid pH. Since an acid urine also is unfavorable to the growth of *E. coli*, an acid-ash diet becomes an important instrument in therapy.

Meat is a good source of acid forming elements—chlorine, phosphorus, and sulfur. Hence it is an important constituent of the acid-ash diet. In addition, it provides the patient with biologically adequate proteins, B vitamins, and the essential minerals iron, copper and phosphorus.



The Seal of Acceptance denotes that the statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

*American Meat Institute*  
CHICAGO

# CASE HISTORIES Are Convincing

Case histories of psoriatic patients treated with RIASOL offer convincing evidence of the efficacy of this modern preparation. Serial pictures, such as those here reproduced, are typical of the results that may be expected when RIASOL is employed for the disfiguring and discomforting lesions of psoriasis.

Clinically, it has been demonstrated that RIASOL acts faster, is safer and that recurrences are markedly minimized in most cases. Applicable to any part of the body, including the face and scalp, RIASOL is easy to use, non-staining and requires no bandages. These conveniences plus effective therapeutic action invite the patient's cooperation and help to assure the desired results.

RIASOL is a modern formula of 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol in an oily emulsified liquid. Apply once daily, preferably before retiring, after bathing and thoroughly drying the skin.

A strictly ethical product, RIASOL is advertised to physicians only.

Available at pharmacies or direct in bottles of 4 and 8 fluid ounces.

For generous clinical package, sign and mail coupon today.



## RIASOL for PSORIASIS

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Please send me professional literature and generous  
clinical testing bottle of RIASOL free of charge.  
Print name and address clearly.

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# KEEP THEM GOING, DOCTOR!

Let us assist you in cases of war and other workers requiring mechanical correction of

# FOOT TROUBLE



PAINFUL, fatiguing and disabling foot trouble, particularly among war-time workers, is becoming an increasingly difficult problem of industry. In this emergency, Dr. Scholl's National Foot Comfort Service is proving of very real assistance to overburdened practitioners.

This Service is based on the 30 years' practice of Wm. M. Scholl, M.D., Chicago, as a consultant in diseases and deformities of the feet, and his wealth of specialized experience in designing and formulating Foot Appliances, Arch Supports, Treatments, Shoes, Rubberless Hosiery, etc., for relieving and correcting foot ailments.

Please make use of us. Dr. Scholl's Foot Comfort Service is available at many Shoe, Department Stores, Surgical Supply Depots and at all Dr. Scholl's Foot Comfort Shops in principal cities. For address of the local or nearest one to you, including our professional literature, kindly use coupon below.

DR. SCHOLL'S ARCH SUPPORTS and exercise relieve tired, aching feet; rheumatoid foot and leg pains. Help restore weak or fallen arches to normal. Adjustable. Worn in any properly fitted shoe.



# Dr Scholl's

Foot Comfort  
Service

\* Trade Mark Reg. U. S. Pat. Off.

THE SCHOLL MFG. CO., Inc., 213 West Schiller Street, Chicago, Ill.  
Please send me address of your local or nearest Dr. Scholl's Foot Comfort Shop and your literature specially written for the Physician.

Name..... M.D. Address.....





## THE BURDEN OF Reconstruction

After the invading infection has been overcome and the temperature has returned to normal, the speed of further recovery depends largely on the patient's nutritional state. Thus adequate food intake is the primary requisite during convalescence.

The burden of reconstruction can be greatly eased and recovery hastened, when New Improved Ovaltine becomes a part of the dietary. This

delicious food drink, with its wealth of proteins, minerals, vitamins, and readily available caloric energy, aids measurably in satisfying the increased metabolic demand for these nutritional essentials, and is always well tolerated.

Ovaltine is advantageously prescribed for all convalescent patients, both medical and surgical, regardless of age. The Wander Company, 360 North Michigan Ave., Chicago, Ill.

2 KINDS  
PLAIN AND CHOCOLATE  
FLAVORED

NEW IMPROVED  
*Ovaltine*



Three daily servings (1½oz.) of New Improved Ovaltine provide:

	Dry Ovaltine	Ovaltine with milk*	Dry Ovaltine	Ovaltine with milk*
PROTEIN . . . . .	6.00 Gm.	31.20 Gm.	COPPER . . . . .	0.5 mg.
CARBOHYDRATE . . . . .	30.00 Gm.	66.00 Gm.	VITAMIN A . . . . .	1500 U.S.P.U.
FAT . . . . .	3.15 Gm.	31.5 Gm.	VITAMIN D . . . . .	405 U.S.P.U.
CALCIUM . . . . .	0.25 Gm.	1.05 Gm.	VITAMIN B <sub>1</sub> . . . . .	300 U.S.P.U.
PHOSPHORUS . . . . .	0.25 Gm.	0.903 Gm.	RIBOFLAVIN . . . . .	0.25 mg.
IRON . . . . .	10.5 mg.	11.9 mg.	NIACIN . . . . .	4.95 mg.

\*Each serving made with 8 oz. milk; based on average reported values for milk.



## DIAGNOSIS...Cholecystitis TREATMENT... Sorparin

Clinicians are continuing to find that a diagnosis of chronic cholecystitis indicates the use of the new botanical agent, Sorparin (Ext. Sorbus aucuparia "McNeil").

### NONTOXIC

In addition to its value as an hepato-biliary stimulant, Sorparin is non-toxic. There are no known contraindications to its use, not even common duct obstruction with jaundice. Therefore it can be used with safety in jaundice cases.

Sorparin is orally administered in three-grain tablets.

### INDICA- TIONS

Chronic  
cholecystitis;  
hepatic  
insufficiency;  
catarrhal  
jaundice.

Literature  
on request.



### AVERAGE DOSEAGE

Two tablets  
three times  
a day before  
meals,  
with water.

Supplied in  
bottles of  
100, 500  
and 1000.

**McNeil Laboratories**  
Incorporated  
Philadelphia · Pennsylvania

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# *Editorial*

## **The Importance of Night Calls**

Complaints by people who say they can't get a doctor when they need one—especially late at night—threaten to raise havoc with the profession.

We've talked recently with complainants in a number of places. And we've heard a number of ugly stories. Some have been exaggerated. But many stem from cases of real need in which a physician couldn't be obtained for love or money.

One story (reported elsewhere in this issue) is about a patient whose relatives called twelve doctors one night and none would come. The patient died.

Maybe he would have died anyway. Maybe only six doctors were called—not twelve. It makes little difference. An exaggerated story that gets around can harm the profession as much as a true one.

It leads to dissatisfaction with the existing system of private practice. People conclude that tax-supported medical care might be a good thing after all.

No one expects every physician to accept night calls. Nor are those who do accept them expected to respond to every call they receive.

Some practitioners are not in the best of health. Some are retired. Some are already doing as much work as is humanly possible without adding night calls.

But—and here's the real point: If a physician is unable to answer a night call himself he is still in duty bound to refer the caller to someone from whom medical attention can be obtained. In justice to the patient and to the medical profession generally he can not afford to refuse the call and then simply hang up.

If he knows of no colleague who will accept such calls, let him urge the organization of a local group or pool whose members will share this responsibility. A few pools are already in operation. Others can be modeled after them.

To repeat, then: If you can't answer night calls yourself, refer them to someone who can. If you have no one to refer them to, organize a pool. Don't merely say no to the caller and let it go at that. Every patient turned away represents a professional duty neglected and another potential booster for state medicine.

—H. SHERIDAN BAKETEL, M.D.

## Are 'Pools' an Answer to the Growing Night-Call Load?

*Now under way are plans which spread night-call load over many M.D.'s*



The phone-bell's ringing splits the night.

"No, I'm afraid not," your wife says, "I'm very sorry, but the doctor does not make night calls." She cradles the receiver, then replies to your look of inquiry. "No one you ever heard of. He said he'd seen your name in the phone book, and he wondered if you could come right over." She snaps off the bedside light.

As you wait in the darkness for the return of sleep, your thoughts perhaps run like this:

"I couldn't possibly take night calls any more. I couldn't do it and not be bushed the next day. It wouldn't be fair to my regular patients. Let the younger fellows take them... If there *are* any young fellows left in town.

"Most likely some hypochondriac with insomnia. Perhaps he doesn't want to call his own doctor because he hasn't paid his last bill. Of course he *might* be new in town... Or his regular doctor might have joined up..."

"Even if I *had* gone, I might have found that he'd gotten panicky and called in two or three other doctors. Still, you can never be sure what you'll find on a night

call. There was that time when a bellyache turned out to be a perforated bowel..." After a bit, sleep comes to you and the anonymous patient departs from your life forever.

The problem of night calls (as considered here, the term is limited to calls originating with new patients) has sprung up recently in community after community in the U.S. Basically a by-product of the doctor shortage, it is compounded of ingredients which, together, are sufficient to change a peacetime nuisance into a wartime problem that challenges the entire profession. Although certain of these factors are evident, the major elements are worth summarizing:

1. The shortage of physicians has aggravated the situation in two direct ways. For each doctor who has entered service, a substantial number of patients have had to seek out a new physician; and human nature being what it is, many have put off this task until medical attendance seems to be urgently needed.

Second direct effect of the shortage is one that may be overlooked: Medical officers have been drawn

largely from the younger age groups—those M.D.'s who would in normal times take night calls as a practice-building expedient.

2. Since the men remaining in civilian practice are, speaking generally, required to put in increasingly arduous daytime hours, answering night calls from new patients often involves particular hardship. To many physicians, the obligation to be alert and rested for tomorrow's hospital and office duties take precedence over the obligation to attend a stranger in the middle of the night—especially when the stranger may not urgently need attention.

3. War-caused population tides are also a factor. Comparatively few people of the hundreds of thousands who have moved to take up war work have not had the foresight to look up a doctor before the time of need. To the majority, the thought of a doctor probably comes first with twinges at 2 A.M.

4. The match to the fuse is frequently the patient's emotional response. Having decided—probably after some indecision—to call in a doctor, he may become wrought up over his difficulty in finding a man who will come with the promptitude he feels his symptoms demand. After a few fruitless calls, he may become convinced that the profession is derelict in its duties. If he calls six or eight men without hitting on one who is convinced of the visit's necessity, a semi-hysterical reaction of urgency and frustration may ensue.

The result, at best, is bad public relations for medicine. On some occasions (see editorial, this issue) distinctly ugly rumors have spread throughout a community, picking up distortion as they go, about how "Joe Smith called up a dozen doctors the night before last to get some one to come see his little girl, and not one of them would get out of bed, and his little girl died, and if you ask me, I think it's a crime . . ."

To combat this situation, physicians in a number of communities have recently devised plans to insure attention for every person who needs it. Characteristic features of the "night-call pools" already in operation are (1) establishment of a phone number to be used by persons without a doctor; (2) development of a list of men willing to take their turn at sharing the night-call load; and (3) use of publicity to familiarize the public with the system and to discourage unnecessary calls.

Here are thumbnail pictures of several such pools:

*Haverhill, Mass.* Participating physicians are listed in a sequence showing which one is on duty, so to speak, each night. The telephone company—which often receives direct requests to recommend an M.D.—refers such calls to the man on duty; and other physicians may do likewise. Publicity sponsored by the local medical society includes these appeals:

"Will you cooperate by:  
"Making no unnecessary calls?  
"Making your choice of a family

physician and finding what are his office hours?

"Calling his office between 7 and 8 in the morning when requesting house visits?

"Being patient until he gets there? (Urgency of the illness and grouping calls by location must influence decision as to who comes first.)

"Fever are usually higher at night. If you postpone until evening your decision to call the doctor, his capacity for service is impaired."

*Milwaukee, Wis.* The county medical society's telephone service handles requests through reference to a file of participating doctors, arranged by geographic districts. In general, the nearest man is called. The phone-service operator asks the patient if he can pay a physician for the visit.

*Indianapolis, Ind.* Doctors who do not wish to make a visit may refer the patient to an unlisted phone number of the local medical society. A physician-volunteer covers the phone and, when a visit seems definitely warranted, he arranges for a call by a house officer from the city hospital. Said the Indianapolis Medical Society Bulletin:

"It would make things much easier if doctors would refer the patient to our number rather than simply reject the call . . . [because when that happens repeatedly] the caller is sometimes a little difficult to handle."

*Worcester, Mass.* The local medical society furnishes four hospitals, serving different parts of the city, with four individual lists of cooperating doctors. Patients re-

questing a night visit are referred to the nearest hospital, which assigns them the name of the doctor at the top of that hospital's list. During the plan's first 16 days of operation, 72 calls were received.

Still too new to have shaken down into a homogenous pattern, night-call pools have won a wide measure of approval from the physicians queried in recent weeks by MEDICAL ECONOMICS. The essential factor in the successful operation of a pool, according to doctors active in their organization, is a spirit of cooperativeness among a community's physicians.

"Getting a pool started is primarily an educational job," remarked a G.P. "You have to show enough doctors that the idea is simply a way of sharing the load, and that, consequently, the more participants there are, the less demands are made on each."

"Furthermore, you may have to scotch some initial misconceptions—that the plan will steal patients, that it denies patients the privilege of 'free choice,' or that it isn't fair to the men who have always been willing to make night calls for new patients. But each of these objections can, I think, be easily demolished."

"Finally, you have to make the system clear to the public. If this isn't done, there will be some confused souls who will get the notion they can't see their own doctors at night, but will have to take whoever is on duty. The best way to put the idea over to the public,

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# The Medical Center: White Hope of the Future

*Science writer sees inexorable trend toward practice of medicine by groups of specialists*



The practice of medicine is medical. It is cursed by the doctrine of "free choice," which means that patients shall have the right to select their own physicians. Actually patients never insist on free choice; physicians always do.

How are doctors chosen? Someone says, "I have the most wonderful doctor in the world. He cured me of my stomach trouble last winter. Better try him." Or the cor-

ner druggist is consulted with the probability that he will recommend a physician for good reasons of his own. Few call up the local medical society for advice. When they do they are given the names of half a dozen men from whom a selection must be made, but with no indication of relative ability.

Dr. Jackson may be in his dotage or he may be a medical mediocrity, but so long as he is a member in

Medical practice in the Johns Hopkins and Mayo Clinic manner is destined to become the rule rather than the exception, predicts Walde-mar Kaempffert, science editor of the New York Times. In this article, which approximates Mr. Kaempffert's contribution to a recent symposium arranged by the United Hospital Fund of New York, the author envisages a gradual shift from practice in private offices to practice in hospitals and medical centers. The editors of MEDICAL ECONOMICS disagree with Mr. Kaempffert in a number of particulars but they feel nevertheless that only by consideration of all honest and reasoned points of view—both orthodox and unorthodox—can the physician appraise today's changing pattern of medical practice and crystallize his opinions



in relation to it. Mr. Kaempffert was for eighteen years editor of The Scientific American. He also served for about five years as editor of Popular Science Monthly.

good standing of a county medical society he is supposed to be competent. The farmer and the mechanic do not know how to appraise him by consulting a medical directory and ascertaining when and where he graduated and if he has hospital connections.

We are told that there is something peculiarly holy about the relationship of doctor to patient and that unless this relationship is preserved it is impossible to practice good medicine. Yet there is no free choice in the army or navy. Nor is there free choice in the out-patient departments and wards of the great charitable hospitals. Nor in Federal, state and city hospitals. Nor in the Mayo Clinic. Still, these organizations are approved by the American Medical Association and the American College of Surgeons, which means that their medicine and surgery must be good. If it is not good we have been grossly deceived by the approval of organized medicine.

The principle of free choice has lost its validity because of the extraordinary progress medicine has made within the last fifty years. No doctor can now sit in his private office and pretend that he knows all he should know about the intricacies and ramifications of scientific medicine.

The only place where medicine can be practiced scientifically is in the hospital or medical center. Only under one roof are there all the consultants and laboratory technicians required for the proper diagnosis of disease.

Because no private practitioner knows all that he should know we need the pooled attention of half a dozen first-class men with laboratories at their beck and call. It is in this fashion that medicine is practiced in the Mayo Clinic, at Johns Hopkins, and in other institutions of equal rank.

You have heard the old wheeze that "medicine is an art as well as a science." We want more science and less art in medicine. Patients are so keenly aware of this that they have tried to get good medical service by devices of their own.

In the last twenty years scores of medical cooperatives have been established. Patients organize the cooperatives, pay yearly salaries to doctors, and receive medical attention from the group. For this service monthly payments are made in advance. In other words, service is subscribed for just as we subscribe for magazines. Here and there doctors have also organized themselves in groups to practice scientific medicine on the prepayment plan.

How does organized medicine regard these democratic expedients to reduce the cost of medical care and to obtain good medical service? They are "unethical." Anything that departs from the fee-for-service and all-the-traffic-will-be principle is taboo.

What has medicine itself to offer in answer to the demand for scientific medicine at low cost?

First of all, voluntary insurance. The county medical society, or some

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## "HOW MUCH MAY I TELL?"

*Where to draw the line when asked  
for information about patients*



They all want information about your patients: the insurance company, the social worker, the lawyer, the public health nurse, the professional colleague. It's no wonder the target of these inquiries is sometimes at a loss to know what to tell and what not to tell. His problem is particularly acute since a verbal misstep may well lay him open to legal liability.

In general, a physician may give to inquiring third persons only such information as the patient has authorized him to give. He is governed by the legal rule of privileged communications, which provides that whatever a doctor learns from his professional relationship with the patient—that is, in his capacity as a physician—must be held in confidence.

But there are qualifications and exceptions. Thus:

Certain conditions must prevail if the rule is to apply. It does not

apply in the absence of the doctor-patient relationship. Suppose, for example that an employer sends a prospective employee to the company physician for an examination to determine whether the man is physically fit for a certain job. No treatment is involved; the man simply submits to a check-up with the understanding that the findings will be reported to the employer. There is no privilege here on behalf of the applicant, and the doctor is free to make a full report.

This is true also when a person submits to an examination by a physician designated by a third party, as in a claim arising from personal injuries. The doctor-patient relationship is absent; the physician is acting as agent for the third party; and it is understood that the information he obtains will be passed on to the person who engaged him.

The ordinary life insurance examination is another instance of the absence of a doctor-patient relationship. The doctor's findings are given to the insurance company as a matter of routine, without any violation of the rule.

In short, the physician's lips are

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This is the first of several articles dealing with the legal aspects of confidential communications. The author, Dr. James R. Rosen, is a member of both the medical and the legal professions. He received his M.D. from the Long Island College of Medicine and his LL.M. from New York University.

# What the Army Medical Museum Offers Civilian Doctors

*Like the Army Medical Library, it provides valuable study material*



Serving as a huge pathologic headquarters, the Army Medical Museum contains more than 400,000 microscope slides, 150,000 gross pathologic specimens, and 80,000 photographic negatives.

The facilities offered civilian physicians by the museum are fully as diverse and useful as those supplied by its twin institution, the Army Medical Library (see April MEDICAL ECONOMICS). They include the loan of numerous study sets of microscope slides; prints from the museum's vast files of photographs; free consultative service by museum pathologists; and opportunities for the detailed study of almost any known pathologic condition.

Probably the most utilitarian of the museum's services is the lending of study sets to private doctors. Currently available are sets on eighteen different topics covering a wide range of pathologic study.\* In most cases the set is accompanied by a syllabus giving de-

scriptive data on gross specimens, clinical appearance, and salient microscopic features.

Requests to borrow the sets are directed to the museum's curator, Colonel James E. Ash. A deposit, usually \$25, is expected from each borrower; it is refunded, minus any rental fees, when the set is returned in good condition.

Rental fees vary. Seven of the titles are loaned without charge; for the others the rental is from \$2 to \$10. The loan period—which does not include time in transit—is ordinarily four or six weeks, except when the sets are in special demand. The doctor-borrower is expected to pay express charges both ways.

As envisioned by museum authorities, the merit of this loan arrangement is that it lifts some of the restrictions often placed on a doctor by geography or a busy practice. As long as a microscope is handy, even an isolated practitioner can carry on postgraduate-calibre study in his own office. On many subjects the museum will furnish, in addition to the slides and syllabus, further teaching material and a selected bibliography.

If a doctor feels that one of his

\*A partial list of slide-set titles: Neuro-pathology; Dermatopathology; Gynecopathology; Ophthalmic, Otolaryngic, Oral and Dental, Genito-urinary, Orthopedic, and Reticulo-endothelial Pathology; Skin (Nevi and Cancer); Skin (Inflammatory); and Bone, Breast, Endocrine, Brain, and General Tumor Pathology.

cases presents puzzling aspects, or if he wishes to have the report of a local pathologist corroborated, consultations with the museum's staff pathologists are available without charge. Since the museum is the central laboratory for all army pathology, receiving tissue and data on hundreds of army autopsies, it enables the civilian doctor to draw on a large reservoir of pathologic experience.

To prevent the service from competing with local pathologists, the museum requests that, whenever possible, specimens be submitted via these men. One exception to the rule is made with ophthalmic specimens, which may be sent directly. Some 1,000 cases a month are submitted to the museum for study, including an average of about 115 eyes.

Among the most comprehensive of the museum's collections are the

groups of specimens belonging to the American Registry of Pathology. This organization, sponsored by the National Research Council, has been housed since its inception in the museum. It is composed of subdivisions that work with various specialty societies to build up definitive collections of specimens. The extensiveness of these collections may be suggested by two random examples: In the Bladder Tumor Registry, sponsored by the American Urological Association, there are 4,500 specimens. The division of ophthalmic pathology, sponsored by the American Academy of Ophthalmology and Otolaryngology, embraces 13,370 specimens.

The Army Medical Museum is, in addition, a storehouse of other collections. It contains what is believed to be the world's largest aggregation of war-wound specimens, showing characteristic injuries caused by weapons ranging from arrows and bolos to high explosives and war gases. It includes a huge assortment of photographic negatives, prints of which are available to civilian M.D.'s for a few cents apiece. It has on display a large collection of historic surgical and diagnostic instruments. It maintains a department devoted to the manufacture—with wax and latex—of full-sized models of war wounds which are needed for the field training of medical corps personnel.

Affiliated with the museum is the new Medical Arts Service, an army

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*Curator James E. Ash*

# OWI Implies Need of Action To Avert Medical Crisis

*Agency says M.D. shortages in some  
areas may soon endanger health*



A survey to determine the effect on the civilian population of the reduced number of physicians in private practice was completed recently by the Office of War Information.

Data was collected in some sixty communities in twenty States where doctor shortages had been reported. OWI representatives traveled through the South, the Midwest, the West, and the Eastern seaboard to study conditions in three distinct types of communities: farming regions, where health problems have been intensified by the war; small towns that have mushroomed overnight into closely-packed centers around war industries and military camps; and large cities where ordinary peacetime congestion has been aggravated by war activity.

The OWI declares that its survey led to the following conclusions:

"1. Although there are areas critically in need of doctors because of withdrawals for the armed forces—a need frequently increased by expansion of population for war industry—so far the health of the nation as a whole has not been seriously impaired by the doctor

shortage. Doctors these days are not only working overtime; they are—most of them—working practically all the time and in total disregard of their own health.

"2. The number of communities critically in need of doctors is not great compared with the total number of communities in the United States. Those in need are, however, among those most vital to our war program.

"3. In too many cases physicians were recruited for the armed services without sufficient regard for the welfare of the civilian population. There are, however, enough doctors in private practice to give adequate care to the civilian population, provided they can be properly distributed numerically and according to special abilities.

"4. The voluntary relocation of physicians from communities where there is an abundance of doctors to areas in acute need of doctors has proved extremely difficult, and has not resulted in a solution to the problem.

"5. In some communities local medical groups have resisted attempts to relocate outside doctors in their locality.

"6. The situation as a whole is

not now out of control, but unless remedial steps are taken soon it will grow progressively worse. More physicians will be recruited for the armed forces and doctors in critical areas—many of them elderly—may succumb to exhaustion from overwork."

Areas were found where reports as to the adequacy of medical care were "completely misleading," says the OWI:

"One community near the Canadian border, an important shipping center with a population of 24,000, and adjacent to an army encampment and several airfields, was reported as having eighteen doctors. Actually but six of these are effective. The others are too ill or too old to continue full-time duty. The only surgeon in the community was recently commissioned in the navy. All the obstetrical work is being done by one young doctor crippled by arthritis and heart trouble, who lately had cataracts removed from both eyes.

"In a large Middle Western city, the site of important war plants, with a consequent increase in population, the county medical journal carried appeals to physicians to settle in the city. Four already have done so, and two more will arrive in the near future. Two doctors who were recruited by the army have been allowed to return to private life, and the resumption of their practice will further help the situation.

"Doctors who already have gone to war sometimes—and quite understandably—show a definite an-

tipathy to permitting outside doctors to come into their home communities and take over their practices. This is illustrated by a petition from members of a Southern State county medical society who are now in the armed forces. The petition reads, in part:

"We . . . having abandoned our homes and practices for service in the armed forces of our country, believe that we have the right to demand protection of our practices, and do therefore petition . . . that any doctor under 45 years of age moving into—County immediately be put on the available list and quickly inducted into the service . . ."

"The U.S. Public Health Service can, under certain conditions, send physicians as commissioned officers into areas of need. In the present emergency the PHS has sent three physicians and one dentist into critical areas. There are, however, no more funds available to the PHS for this purpose. An added difficulty . . . is the disinclination of medical groups to allow a physician paid by the PHS to practice medicine in a particular community.

"The system in use at present to apportion doctors between the armed forces and the civilian population is inadequate."

Although it does not explicitly recommend compulsory relocation, the OWI strongly hints at the advisability of such action. It says:

"England in the early days of the war depended, as we do now, on voluntary relocation. England now has authority to send physi-

cians where needed, on recommendation of the Central Medical War Committee; although so far doctors generally have relocated without compulsion. It should be pointed out that England—unlike the United States—has a sweeping manpower law which gives the government power to require *all* persons 'to place themselves, their services, and their property at the disposal of His Majesty.' Thus the Minister of Labor may direct any person of any age to perform any service which that person is capable of performing...

"The personal element is also important in attempting relocations. Not only do people become accustomed to a particular doctor, but doctors also become attached to communities. It is hard for a physician, long established in one place, to uproot himself and his family and go to another in greater need of his services. The only answer to this, of course, is that in war many things are hard for many people, but they have to be done just the same.

"One fact which should be realized is that 'luxury' medicine is out for the duration. Doctors will have to restrict their attentions to those actually in need of them, and patients must no longer insist on one particular 'favorite' physician."

Getting down to case histories gathered during the survey, the OWI reports:

"One area visited in the middle South has a population of 12,000, and at present is entirely without a doctor. The nearest hospital—a

small private one—is twenty miles away. Twenty years ago the country thereabouts was swamp and thicket. A big drainage project opened up the county and brought in land speculators. The population has increased 700 per cent in the past twenty years. Most of the inhabitants are cotton farmers.

"The one doctor who has been serving this entire area was recently declared non-essential to his community by procurement and assignment. He therefore applied for a commission as a doctor in the army and was accepted. Before he left, however, he brought another doctor—a friend—to this community. The man was 28 years old, and within a few months he also was taken by the army.

"The people of this community have tried all possible ways to get their original doctor released by the army, but without success. They have appealed to procurement and assignment for a doctor willing to relocate there, but none has been found. The area would not attract the average doctor. There is no hospital, no nurse.

"The rough roads make travel most difficult. Frequently the regular physician, before he was called to the army, went on night calls riding a tractor. For childbirth cases this doctor carried a folding delivery table. His wife, a trained nurse, went with him.

"For a clinic he had a small four-room brick building next to the drugstore on the main street, of which he was as proud as another

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## Office Hours or Appointments?

*A specialist rediscovers the merits  
of holding regular office hours*



Six months ago I decided to test a theory. The theory was that even in certain specialities, as well as in general practice, office hours can be superior to appointments. The test was simple: I changed over my own practice, which happens to be ENT.

I'll concede that you can't generalize soundly from one man's experience. But I have rediscovered so many advantages in office hours that I find myself wondering why anyone—with the exception of a neuropsychiatrist or other one-visit-an-hour man—ever troubles with appointments.

To begin with, I've done away with a repeated annoyance: the broken appointment. During bad weather and in Wintertime generally, cancelled and unkept appointments sometimes wasted a sizable fraction of my office day. And there wasn't much I could do but take it.

Quite often, of course, even when a patient missed an appointment, there would be someone waiting to see me, with the result that my time wasn't wasted. But it would have been wasted if the appointment system had worked as it should.

When I saw patients by appoint-

ment there was always the loss inherent in trying to estimate how far apart appointments should be spaced. If they were spaced at fifteen-minute intervals and the visits actually averaged ten, the time wasted amounted to an hour an afternoon. If they averaged twenty minutes, the effect was simply to teach patients the folly of being punctual.

Appointments also wasted my time in that some patients would talk endlessly. Seen now during office hours, they seem conscious of their obligation to those waiting outside. I find that I am less likely to pamper such patients needlessly, while they, *mirabile dictu*, are less likely to expect it. When they observe that I proceed with directness and dispatch, they often catch the mood themselves. Transmitting an impression of purposefulness, in my opinion, is about the only way to hurry the garrulous without risking offense.

It's true that some of my colleagues disagree with me. "I could never work well if I were conscious of a crowded waiting room," one friend told me. "I'd either subconsciously hurry each patient or else over-compensate and be un-

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## Photographer Fired for These

Many physicians who saw these pictures in their newspapers last month thought them the best medical action shots to come out of the war. But they aren't true action shots at all. The war correspondent who photographed the "bombing" scene above and the others at the right admitted later to War Department investigators that the pictures represented a re-enactment of conditions he had seen at the North African front but had not been in a position to photograph.



A medical corps captain (left) treats a "casualty" in a portable operating room. An amphibious jeep (below) carries the "wounded" to a dressing station.



# The Time Study: A Means of Increasing Your Efficiency

*Analyzing your time expenditures often reveals unexpected leaks*



Let's imagine that time is money.

Each day of your life you are given \$240. The only stipulation is that you must spend every penny before the day is out. With that sum you must purchase the time for existence—for work, food, recreation, sleep.

Recently you have found that \$240 isn't enough, since work now takes so large a share that you perhaps cannot afford to purchase sufficient recreation or sleep. So you decided to check over your expenditures.

Sleep costs you \$75, and the price is frozen. Eating, dressing, and traveling between office, hospital, and home cost about \$25, al-

so near the irreducible minimum. The cost of work has been spiraling upward alarmingly and is now priced at \$90-\$110.

At this point you discover with something of a shock that you lose (or have stolen from you) an irreplaceable \$40 or \$50 daily. It does not purchase anything you particularly need; it can almost never be traced accurately in your mental account books; it merely slips through your fingers.

If nearly a fifth of your income were stolen or mislaid each day, you'd promptly take steps to cut this loss. You would analyze your expenditures minutely and draw up a budget to control future spending. You would plug every substantial leak as rapidly as possible. Yet most of us take no steps to counter an equivalent theft of time.

To physicians more than to most men, time actually is money. So why not find out how to conserve it by making a simple time study and then revising your time budget accordingly?

Perhaps you object: "Practicing medicine isn't like running a railroad. I work with human beings. There are all sorts of emergencies. I can't regulate my time hold-

¶ "As conducive to complacency as a bucket of water in the face." So Dr. Vaughan describes his reaction to studying a careful record of how, during a month's test period, he had spent his time. Among engineers, the time study has long been a useful tool. Businessmen, too, employ it in certain fields. But for most doctors interest in this type of analysis has come only with the developing shortage of civilian physicians. In subsequent issues MEDICAL ECONOMICS plans to publish further discussion of time studies and time budgets.

ing a stopwatch in one hand."

The answer to such objections is simple: The purpose of good planning is not to cut down on the time spent with patients, but to cut down on the time *not spent* with patients. Few if any doctors would prefer an arrangement under which patients clicked by with the regularity of bottles in a capping machine. A well-conceived time budget simply minimizes waste motion. It stops the leaking away of time that should properly go for reading, rest, and recreation. If it is a good budget, it is not jolted out of kilter by emergency calls, but absorbs these unpredictables with minimum displacement.

How can this ideal be achieved? The first and perhaps most essential step is to find out where your time goes *now*.

"That's easy," you may say. "I make home and hospital calls until noon, have office hours from 1 to 3, make more calls, and then hold evening hours until 8:30."

If your knowledge of how your time goes is as scanty as that, it's high time to analyze the problem in more detail.

Before you can work out a well-planned, flexible schedule, you must have an accurate picture of your present habits and of the external factors which control them. Last Winter I secured an appointment book, small enough to fit a suit pocket, which listed 15-minute divisions from 8 A.M. to 8 P.M. Then I promised myself that for at least one month I'd keep careful track of where my time went. For

a few days the task seemed pure drudgery. More than once I told myself that I was probably wasting more time jotting down entries than I'd ever recapture from a study of the results. But before long the effort required seemed to diminish; I became more and more interested in—and astonished by—the unfolding record.

When after five weeks I analyzed my entries, the result was about as conducive to complacency as a bucket of cold water tossed in my face.

I'd thought of myself as an extra-busy practitioner. But the record showed I was bumbling along at part-throttle. It suggested that with a little planning I could see many more patients—and spend as much time as usual with each—in the same working day. It showed that instead of having no time for journals, my day was studded with concealed quarter-hour periods which cried for some activity as justifiable as journal-reading.

It also showed that time is oddly like money in one respect: If you break a fair-sized piece into small change, it may slip through your fingers faster than ever. The record revealed that a busy afternoon often contained an hour that was wasted by bits and pieces.

Moreover, the record gave me new insight into my practice. For instance: I had always realized that house calls were less efficient than office calls, but I had never actually measured the difference. Over the five weeks studied, I saw an average of seven patients an hour

in my office; but it took me an average of 2.8 hours to see seven patients in their homes. You can bet your boots that now, if a patient can reasonably be expected to come to my office, he does so.

Obviously, the findings of my experiment are not necessarily relevant for you. Your own record is probably as individual as your fingerprints. No one else is as well qualified to judge it as you are. The important thing is to make your time study completely and honestly, and then to pick your time habits to pieces in a spirit of self-criticism.

Measure the amount of time spent on matters which your assistant could have done for you. Total up the time spent driving your car on errands that could have been handled adequately by phone. Ask yourself if those Thursday afternoons at the medical school, the library, or the staff meeting are as productive as you originally expected they would be.

Ask yourself why that 7 to 7:30 P.M. period isn't a good time to do some systematic medical reading. Take a pencil and prescription pad to prove to yourself the immense cumulative value of small time-savings: Fifteen minutes a day will let you read—carefully—more than 700,000 words a year.

If you're statistically minded, the record of a month's time-expenditures will open many vistas for investigation. For example, if your daily schedule is varied (that is, with varying combinations of office hours, appointments, hospital

attendance, etc.), it is often valuable to compute the ratio of patients seen to the total working time for each type of day. Here again, though, your own circumstances are the best guide as to what to analyze. If your record is complete, it will suggest its own analyses.

Here are some suggestions on how to be sure it is complete.

1. If possible, keep your record in a notebook which has intervals of time already printed in it. If the pages are so printed, they're a challenge to you to maintain a complete record and an honest one.

2. Try to keep the record with you at all times, to be brought up to the minute every hour or so. If it's kept on your desk, with entries made in retrospect, accuracy and value decrease. Discard any notion of having your secretary keep track of your time for you.

3. Use such abbreviations as will let you keep score in the shortest possible time, but be sure you can decipher them later.

4. Don't be tempted into using less than a month as a statistical test period. In fact it's wise to check over the month in retrospect to be sure it was reasonably typical.

5. If you're assailed at any time by doubts as to whether the time study is worthwhile, make this computation: The study will take you perhaps ten minutes a day for a month. In return, it is likely to furnish you with at least one brand new day every month—probably more. Would you pay \$40 for \$240?

—JAMES VAUGHAN, M.D.

# Planning Board's Program for Post-War Health Services

A digest

*A*n important section of the "American Beveridge plan" drafted by the National Resources Planning Board recommends wide expansion of Government health services after the war. The NRPB's proposals are set forth in a long chapter, "Equal Access to Health," in the report entitled "National Resources Development—Report for 1943." So significant are some of the implications drawn by the NRPB as a result of its study of the present status of health in America, that MEDICAL ECONOMICS has prepared this digest of the considerably longer original. The chapter on health was written by Dr. Eveline M. Burns under the direction of Thomas C. Blaisdell Jr., an assistant director of the board.

The health of the individual is the concern not only of the individual himself but of society as a whole. Disablement and loss of ability to participate in production is a waste of the nation's most valuable resource. Every day lost because of illness, accident, or premature death is a day given to the enemy... war serves merely to throw into relief unpleasant facts which the less demanding ways of peace enabled us to disregard. This is especially true in regard to health.

Realization that all was not well with the health of the people was forcibly brought home to the na-

tion when the first results of the medical examination of selectees were made known. These indicated that more than 40 per cent of examined men were being classified as unfit for general military service while more than one quarter were being rejected as unfit for any type of military service. The results of the selective service examinations should, however, have occasioned no surprise. In the last decade a great body of material has been accumulated, all of which points to the fact that if the health record of this country is, as often claimed, the best in the world, the level health elsewhere must be low

in the extreme. In 1938, the comprehensive report of the Technical Committee on Medical Care revealed an alarming amount of sickness. It was estimated, for example, that on an average day over four million persons were disabled by illness.

Estimates by the U.S. Public Health Service indicate that on the basis of a peacetime labor force, some 400,000,000 man-days are lost annually from all types of disabilities. The economic cost amounts to 10 billion dollars. In 1940 this loss of working time was fifty times

## Congressmen Doubt Early Action on Planning Board Program

*But outlook after 1943 is ominous*

Members of Congress appear to agree that President Roosevelt's "cradle-to-grave" security program, embodied in the reports of the National Resources Planning Board, will not be enacted into law this year. It should be possible, however, "to get a start on hearings looking toward future Congressional action," says Senator Walter F. George (Dem., Ga.), chairman of the Senate Finance Committee. At the same time, Senators and Representatives may be expected to familiarize themselves with the program as the Chief Executive has suggested. While agreeing on what will and will not be done about the NRPB proposals this year, members of Congress differ in their attitude toward the program. A cross-section of comment follows:

*"It's the most fantastic conglomerate of bureaucratic stupidity ever sent to Congress . . ."*—Representative John E. Rankin (Dem., Miss.)

*"It is nothing short of magnificent. It is an attempt to put into effect at home the principles for which our forces are fighting abroad . . ."*—Senator Claude Pepper (Dem., Fla.)

*"It reads to me like the opening gun for the fourth term."*—Representative Harold Knutson (Rep., Minn.)

*"It looks like a \$50,000,000,000-a-year proposition."*—Representative Stephen Pace (Dem., Ga.)

*"Some of the suggestions are very good."*—Speaker Sam Rayburn (Dem., Tex.)

*"It is important to do some planning for our internal stability after the war. However, I think the emphasis should be placed on industrial recovery rather than on social security."*—Senator Harold H. Burton (Rep., Ohio).

*"Before I reach a judgment I would like to know how much the program will cost, who will pay for it, and how it will be administered."*—Representative Clare Luce (Rep., Conn.)

greater than that due to strikes and lockouts. More recently the U.S. Employment Service has reported that there are approximately 400,000 disabled persons registered at the public employment offices.

These over-all figures are confirmed by a wide range of studies of the health of particular groups in the population. Health examinations of school children have revealed a disturbingly high proportion of defects calling for, but all too often not receiving, remedial treatment. Studies of recipients of different types of public aid have also indicated a high incidence of ill health. Indeed, in normal times ill health must be classified as a major cause of dependency.

Among the objectives of post-war planning, enhancement of the health of the people must occupy a prominent position. To achieve these objectives will call for action along many lines.

## I.

### ELIMINATION OF ALL PREVENTABLE DISEASES

The widespread prevalence of preventable or controllable disease or disability is a sad commentary upon our national common sense. The very existence in our midst of malaria, hookworm, smallpox, and pellagra, and the prevalence of venereal disease and tuberculosis, in view of contemporary knowledge of techniques of control, is nothing less than a national disgrace. The loss of life due to preventable infant and maternal mortality and the prevalence in later life of physical and mental disabilities and



*Eveline M. Burns assembled and wrote most of the National Resources Planning Board's cradle-to-grave social security report herself. Studies on which the five-pound, 450,000-word report are based were begun, she says, in 1939; whereas the research for Britain's Beveridge report was not initiated until 1942. Dr. Burns was born in England forty-two years ago. After a period of teaching at the London School of Economics, she passed the year of Hitler's rise to power studying unemployment relief in Germany. Seven years ago she became an American citizen. She is now chief of the economic security and health section of the NRPB, as well as a vice-president of the American Association for Social Security.*

constitutional impairments that could have been arrested by early diagnosis and treatment, the magnitude of our expenditures on institutions for the care of mental

and tubercular cases, all testify to the failure of the nation to appreciate the importance of preventive action.

The effectiveness of positive and preventive health measures is forcibly suggested by the great differences that now exist between mortality and the morbidity records of the different States. In 1940, the maternal death rate for the country as a whole was 38 per 10,000 live births. In North Dakota the rate was only 17, but in another State it was as high as 68. The death rate of infants during the first year of life for the country as a whole was 47 per 1,000 live births; Oregon and Minnesota had succeeded in bringing the rate down to 33, but in another State it was as high as 99.6.

The first task of national health planning must obviously be the closing of the gap which now exists between our knowledge of what can be done and the steps we have hitherto taken to make effective use of that knowledge. The following types of action would seem to be indicated:

#### *A. The Development of Adequate Public Health Services*

Much of the improvement in the nation's health which this century has witnessed can be credited to the development of public health services. Communicable disease control, immunization and inoculation services, sanitation measures, protection of food and drugs, the collection of essential health records and data, the operation of hospitals and institutions for the

care of mental and tubercular cases have come to be accepted as the normal activities of the health department of a progressive community. Yet many cities and counties are still without some or all of these basic services.

As of June 1942 over 1,200 counties were without the services of any full-time health department. Where health departments existed they were in many cases understaffed and restricted by financial limitations.

Equally marked is the need for more constructive leadership and a broadened view of their functions on the part of many health departments. The very success of public health service in the past calls for changes in the area of operation of the public health service of the future. Many communicable diseases, the traditional public health concern, are no longer numbered among the chief causes of death. Meanwhile, knowledge of the causes of, and of methods of diagnosing, treating, or controlling, a number of other important diseases has steadily increased. Application of this knowledge calls for a more positive attitude on the part of many health departments. Largely through Federal stimulation, attention has indeed been focused more recently on problems associated with maternity and childhood. But, by and large, the public health departments have continued to regard themselves as educational and law-enforcement agencies, and there has been no

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## Blind Doctor in Active Practice

*A close-up of Dr. Edward L. Collins, who tends patients despite his handicap*



Of the few blind physicians in the United States, most are men who lost their sight after they had begun to practice. But Dr. Edward L. Collins (above) of Grand Rapids, Mich., chose medicine as a career even though he knew he would never be able to see. He lost his eyesight about fifty-one years ago when, at the age of twelve, he was struck by a baseball.

Today, aided by his wife, a technician, Dr. Collins makes outside calls, receives patients at his home, and carries on a practice similar

in most respects to those of his colleagues. Long years of darkness have trained him to locate whatever he wants without fumbling; he walks with a sure step through his home. He dials his telephone himself, and he uses a typewriter equipped with medical symbols.

He makes examinations himself. Mrs. Collins helps out by taking temperatures, doing urinalyses and blood tests, and reading blood pressures. She also acts as chauffeur for her husband, keeps accounts,

[Continued on page 110]

# The Shortage of Secretaries, Nurses, and Technicians

*Most physicians take the scarcity of  
office assistants in their stride*



How are doctors being affected by the increasing shortage of medical secretaries, technicians, and office nurses?

To cast light on this question, and to assay professional opinion on other aspects of the topic MEDICAL ECONOMICS reporters recently questioned a diversified group of physicians. Uncovered in the process were both the broad outline of an assistant shortage that appears to be growing weekly, and a surprising diversity of opinion on the situation's portents.

Although those interviewed were not part of a scientific cross-section, the sample was large enough to make possible an interesting analysis. Of the men seen (excluding those who do not employ office assistants),

¶63 per cent have lost an assistant within the last twelve months;

¶14 per cent expect the loss of an assistant in the near future; and

¶21 per cent have been unable to find satisfactory replacements in two or more months' search.

Asked what effect they believe this shortage will have on medical practice, physicians express opinions varying in hue from unconcern to alarm. Typical statements:

1. "It's really tough for a number of men here. They're busier than they've ever been—I believe almost every doctor in town is working over fourteen hours a day—and yet many I know are having the devil of a time keeping office nurses and secretaries. It means work piled on them just when they can least afford to do it."

2. "Even if *no* girls were available, which of course isn't the case, the outlook wouldn't be calamitous. Most doctors could get along without office help if they had to. Some specialists with fancy layouts might have to slow down (a good thing, in my opinion); patients would be coddled less; wives would have to resume their old job as billing assistants; and we'd all have to do more 'housework.' But we'd get along."

3. "I don't think the shortage of nurses will aggravate the shortage of doctors. We're going through a transitional phase. Already we're making far fewer house calls, and soon we'll be using our offices less and less. As I see it, the whole emphasis of wartime practice is swinging to the hospital. Before long, it won't matter much if secretaries are unobtainable."

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In the opinion of some physicians, nurses and technicians should feel a moral obligation not to leave their present work. Says one man:

"They tell me there are twenty-five nurses working on the assembly line of one plant near here. I think that's a crime—and it's not just because I've been trying for months to get an assistant. The training they have received should be used in helping restore and maintain health, not wasted in working as factory hands. The same goes for the ones who've scurried

off to grab pretty uniforms as Waacs or Waves.

More tolerant views on the point are aired by most men. For example:

"I don't see how we can blame them. Maybe the war contribution of bomber-assembly is more readily apparent than helping treat Mrs. Brown's sinusitis. Most of us can't afford to pay a girl more than \$25 or \$30 a week. If she can get more and still do work that helps the war effort, not much can be done about it." —DANIEL KERRY

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# What Are They Worth—Those Uncollected Accounts?

*A credit specialist tells how to estimate their value*



"How can I determine the value of my uncollected accounts? My partner and I would like to devise a plan by which, if either of us should die, uncollected bills could be sold by the widow to the surviving partner. Generally speaking, what's the value of an account three months old? Six months old? A year?"

This set of questions was submitted to MEDICAL ECONOMICS by a Midwest physician. The editors have asked me to prepare a reply based on my experience and observation as executive manager of the Credit Bureau of Greater New York. So here goes:

There are several ways to evaluate delinquent accounts. One way is simply to make a rough estimate on the basis of common collection experience. Due to the large number of variables, this method is relatively inaccurate. A second way is to find out how liberally the doctor extends credit, what kind of patients make up his practice, what collection measures he routinely uses—and then to base an experiential estimate on this information. This method gives fairly accurate results.

A third way is to make a random

selection of the bills owed him, choosing perhaps every tenth account, and then to have a credit bureau make a test check of their actual value. Although more costly and bothersome, this method is probably the most accurate.

By using the second method, however, a physician can work out for himself a fairly precise value for his uncollected bills. To do it, ask yourself these questions:

1. Did you obtain complete and accurate names and addresses of the patients concerned, together with similar data on the bill-payer if different from the patient?

2. Did you lead the patient to believe that you expected prompt payment, rather than payment at his convenience?

3. Did you, in cases where the patient was unfamiliar and the bill fair-sized, check up with a credit bureau to determine his rating?

4. Did you send the first bill promptly, follow it with regular monthly statements, and then send one or more collection letters?

If the answer to each of the questions is yes, the approximate value of your outstanding accounts is indicated by the following table,

[Continued on page 134]

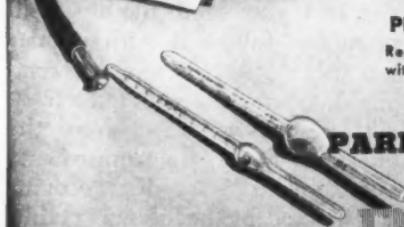
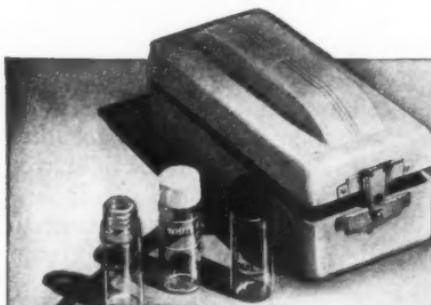
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## Six Ways to Make Better Use of Today's Internes

*Manpower can be conserved  
as training is improved*



The shortage of medical manpower in the nation's hospitals is by now axiomatic. The problem does not need definition. It needs solution.

One approach to the solution is to utilize more efficiently that vital but obscure cog in the machine, the interne. Both he and his hospital stand to gain in the process.

Six suggestions for better utilization of the interne follow:

1. *Provide technicians for routine laboratory tests.* Elimination of fatiguing "scut-work," for which little training is required would relieve the interne for more essential hospital duties. It would be desirable to have a technician on call at night for laboratory work; if this is impracticable, it should be directed that only emergency laboratory tests be done by the interne, holding over less urgent procedures, wherever possible, for the arrival of the technicians in the morning.

2. *Restrict hours of patient's admission, except in emergencies.* If elective cases arrive at the hospital before, say, 3 p.m., neither the laboratory technicians nor those internes who are off duty will have left the hospital. A full comple-

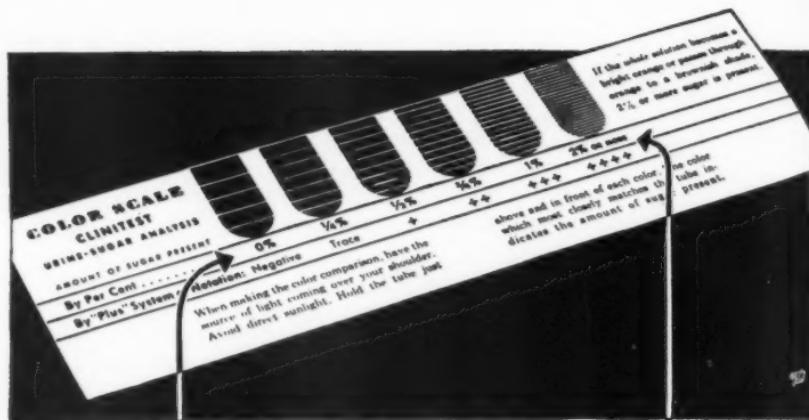
ment of clinical and laboratory workers will thus be available for the routine admission and work-up. Non-emergency cases admitted at night, when only a skeleton crew of internes is on duty, impose an unnecessary hardship that should be eliminated.

3. *Require that cases for elective surgery be admitted the day before the operation.* This would not only allow a more complete preparation of the patient for surgery, but also avoid the last-minute scramble of internes, nurses, and technicians that is such a familiar occurrence when the patient arrives just prior to the scheduled hour of the operation.

4. *Allow only one internetoscrub up on each operation.* In private cases the surgeon is readily able to call upon an associate to hold retractors; in ward cases the attending staff will provide for this. The use of self-retaining retractors, where feasible, would avert the need for a second assistant.

5. *Designate definite hours for rounds.* Internes who must make rounds among the same patients half a dozen times a day with as many attending physicians have

[Continued on page 140]



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## Store Stocks and What They Offer the Investor

*Rationing and labor are merchants' main worries*



Dark days are ahead for the many small retailers as the nation approaches a bed-rock civilian war economy. Thousands of these establishments are going out of business. Public purchasing power is there but the merchandise is not. Price control, ration rules, and labor shortages also add substantially to the casualties.

Yet the physician who has invested in the *larger* merchandise concerns need not be unduly alarmed. The stocks of large stores, as a group, have acted well in recent months, despite the growing scarcity of goods to sell.

Investors have been buying these stocks for their peace prospects on the theory that consumer purchasing power will remain in high for several years after the war. Investors' interest in the stocks has also been stimulated by the fact that their wartime earning power has held up surprisingly well, all things considered.

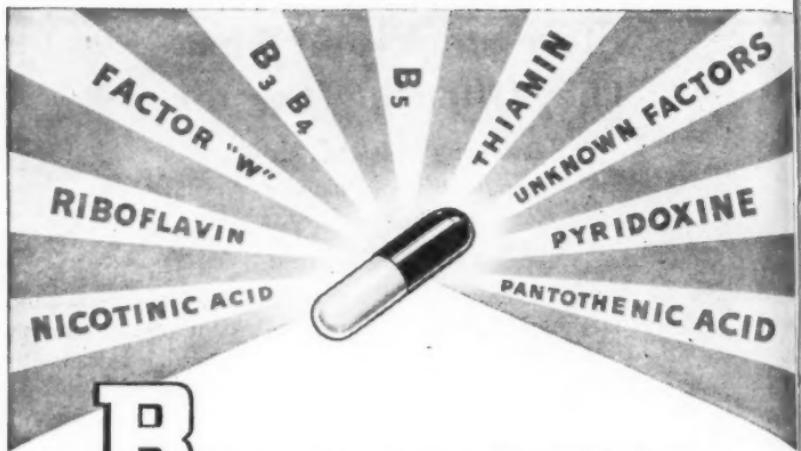
The most serious problem for the retailer, of course, is the drastic decline in the number of items he has to sell. It was plainly evident months ago that nearly all durable goods such as radios and electric appliances would disappear (such

lines normally account for more than 25 per cent of department-store and mail-order sales). But now the shortages have spread like a prairie fire to the "soft" goods heretofore considered plentiful.

### WAR CASUALTIES

Government officials estimate that approximately 300,000 retailers throughout the country will go out of business this year. Casualties will be especially pronounced among smaller merchants—particularly those who have specialized in durable lines like vacuum cleaners, refrigerators, lamps, and furniture. Few such items for civilian consumption are now being made, and stocks are at the vanishing point. Unless merchants can find other goods to substitute, they have no alternative but to close up shop.

Even the mail-order houses, department stores, and chain stores are radically revising their methods of doing business. The large chains and some of the department stores are closing whole floors and in some instances, entire units. One shoe chain, for example, has already closed fifty outlets. A large food chain which had 15,000 stores in pre-war days now has only about 12,000. [Turn the page]



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#### SEARCH FOR NEW LINES

Extensive efforts are being made to find substitute merchandise for the hard-to-get items. One department-store chain is now selling second-hand furniture. Another group of stores is reconditioning sewing machines, old machines being bought up, repaired, and put on sale just as in the once-flourishing used-car business.

Some department stores are drumming up reupholstery business by making house-to-house canvasses. Others re-make mattresses. All are going into the repair business on a large scale—fixing electrical appliances and even mending suits.

This frantic search for new lines and activities is bringing many changes in merchandising policies. The larger stores are taking on almost anything that can be sold, regardless of the quantity offered. One department-store-chain executive has advised store managers to buy up the stocks of bankrupt merchants wherever possible even though only a handful of goods may be secured.

#### WAYS AND MEANS

Retailers are demonstrating their ingenuity in many ways. Self-service departments are their answer to the growing shortage of sales clerks. In this way they are able to stand a 25 per cent loss in personnel and still take care of customers. Selling costs have thereby been brought down in some instances from 7 per cent to 5 per cent. Retailers are also cooperating with manufacturers in the sub-

stitution of glass, wood, plastics, cotton, and rayon for scarce materials.

Department store volume in February and March was almost as heavy as in the Christmas rush. But whereas the stores had 70 per cent more merchandise on hand than usual in the Summer of 1942, that surplus has now disappeared.

Even textiles, the mainstay of department store sales, will be limited henceforth as the cotton textile makers are now working largely on direct and indirect war orders. Rayon yarns, too, are being used increasingly for tire cords, uniforms, and parachutes. Supplies of underwear are smaller than in 1942 by a wide margin.

#### IMMEDIATE OUTLOOK

With less merchandise to sell, department stores will see their volume taper off sharply in the last half of the year. Some economists predict the drop will run 20 per cent or more for 1943. If it is no worse than that, it will not be considered too severe, as 1942 sales were the largest on record. In fact, if the decline is no more than 20 per cent, volume for the year will compare favorably with that of 1941.

Department stores enjoyed fairly substantial gains in operating profits last year. But new taxes reduced final earnings somewhat below 1941 levels in the majority of cases. Lower sales are now in prospect, with an attendant rise in cost ratios.

Fortunately, the expected drop in 1943 profits may not prove as



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severe as some have concluded. That is because 1942 earnings were from 40 to 100 per cent above the excess profits tax credit. It means that a large proportion of the anticipated decrease this year will be at the expense of tax payments.

#### LONG-TERM PROSPECTS

The department-store group may be included among recommended "peace stocks" since they should benefit from the release of consumer purchasing power after the war. And their inventories, of course, can then be gradually replenished. In the inflationary period following World War I, department-store stocks made a satisfactory showing marketwise compared with other groups. Leaders in this field, on the basis of past records, are Best & Company, Federated Department Stores, May Department Stores, and the J. C. Penney Company. Ward's stores, on the other hand, have been stocked largely with the soft goods found in the general chain store.

Despite these factors, it was necessary for Montgomery Ward in 1942 to return more than \$46,000,000 to customers who ordered merchandise by mail that could not be supplied. Many sales were lost similarly by the retail stores. Meanwhile investors still consider these stocks attractive because of the huge sales of "hard goods" the companies should have when those lines are available once more.

#### THE "RED FRONTS"

To the public the name Woolworth means those red-front stores where a great variety of articles

can be purchased at low cost. To the investor it means a famous company on which a great family fortune was built and which has paid liberal dividends for many years.

F. W. Woolworth turns over its inventory an average of six times a year. Thus, with a complete change in inventory every two months, the company has the tremendous wartime problem of obtaining a continuous new supply of goods. Woolworth's \$60,000,000 inventory at the end of 1942 was enough for only seven weeks.

#### DEPARTMENT STORE CHAINS

Rivaling the department-store stocks in investor appeal are the general chains such as the W. T. Grant Company, H. L. Green Company, G. C. Murphy Company, and J. J. Newberry Company. They, too, have been actively bought in the stock market recently for their peacetime prospects.

In view of the increased buying power of the lower income groups, demand should continue heavy for the goods these general chains sell. Their problem will be to maintain inventory on the 3,000 to 4,000 items normally stocked. They deal for the most part with the necessities of life. Thus they are somewhat better entrenched in the merchandising field than the average department store.

#### MAIL-ORDER COMPANIES

The mail-order stocks such as Montgomery Ward and Sears, Roebuck continue to be as popular as ever. Year in and year out, it is almost a certainty that Montgomery

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Ward will be found in more investment trust portfolios than any other stock. Sears also is usually well up toward the top.

Mail-order firms have made a creditable showing thus far in the war despite price ceilings, shortages of merchandise and manpower, and a tightening of instalment sales regulations. Sears has been hit relatively harder by priorities than has Ward. That is because its retail stores formerly stocked such heavy goods as refrigerators, metal cabinets, and washing machines.

The company management, however, is not overly pessimistic about its supply problems. Its buyers have found substitute materials in many instances and have stocked new lines. It was found last Christmas, for instance, that wooden costume jewelry sold about as well as the metal jewelry formerly in such great demand.

#### PROFIT POSSIBILITIES

Woolworth is not in any sense in a war business, but it is severely burdened by excess profits war taxes. The decline in 1942 earnings to \$2.43 a share from \$2.69 a share in 1941, despite a sharp sales gain, is due to excess profits taxes of \$12,000,000 (more than \$1 a share). Not until this tax is removed after the war does it appear likely that Woolworth can recover its normal annual earning power of \$3 to \$3.50 a share.

Investors in the leading "5-and-10" chain store stocks like Woolworth, S. S. Kresge, and S. H. Kress will be interested in the wartime experience of F. W. Wool-

worth & Company, Limited, in England. Great Britain has been at war more than three and one-half years. Corporate taxes are slightly higher there than in the United States and the civilian economy is at a subsistence level. Shortages in consumer goods are greater than we will probably ever witness in this country with the exception, perhaps, of food. Yet net income of the British Woolworth Company last year still was one-half the concern's pre-war earnings—a surprisingly good showing considering the heavy toll the war has taken of retail stores in Great Britain.

#### OTHER RETAIL CHAINS

In the case of several other types of chain stores, the outlook is fairly cloudy for some time ahead. Such companies as First National Stores, Jewell Tea Company, Kroger Grocery & Baking Company, and Safeway Stores occupy entrenched positions in the chain grocery field. Yet with the food shortages, the squeeze in profit margins, and labor difficulties, lower earnings and dividends may be expected. And if the United States feeds the starving millions of other countries indefinitely, the food shortage may continue long after the war.

The restaurant chains are highly speculative even in peace times. Their investment status obviously has not been enhanced by the food shortage.

The drug chain stores enjoyed an 18 per cent sales increase last

[Continued on page 140]

# Doctor: We want you to taste this palatable soda tablet

R



We make Carbex Bell entirely of sodium bicarbonate and aromatics because our doctors tell us that sodium bicarbonate properly used is the fastest-acting and most dependable material known to medicine for relieving the symptoms of indigestion.

**"Trial is Proof"**

**SEND FOR SAMPLE**

ME-5-43

HOLLINGS-SMITH CO.  
Orangeburg, N. Y.

Sample Carbex Bell, please.

Name ..... M.D.

Address .....

# The Newsvane

## Free Maternity Care

Government-subsidized maternity care for wives of service men, and care for their babies, are now available through all State health departments. Free treatment is given to the wife and infant of any army enlisted man up to and including the rank of sergeant, and to those of comparable grades in the navy, marine corps, or coast guard.

Last Fall twenty-eight States set up plans for prenatal, obstetric, and postnatal care for service men's wives, and the U.S. Children's Bureau granted limited funds to some of them. These resources were soon exhausted, and Congress recently appropriated \$1,200,000 to continue the program on a nation-wide scale.

## Cult Contacts Banned

After a number of healing cults had invited physicians to lecture before their members and students, the Philadelphia County Medical Society's board of directors adopted a resolution advising members that they should not deliver such lectures, whether or not the cultists are licensed to practice.

## Surgeons Wanted

Contract surgeons, male and female, are being sought for army-operated depots and industrial plants in South Dakota, Nebraska, Kansas, Missouri, and Colorado. The pay is about \$3,400 a year for those with dependents. Inquiries may be ad-

dressed to the Surgeon, Seventh Service Command Headquarters, Federal Building, Omaha, Neb.

## Phone Numbers Kept

Telephone numbers of doctors in the service are being reserved for them in some communities so they can re-establish their offices with the familiar old numbers when they return. This courtesy has been arranged by the Westchester County Medical Society with the New York Telephone Company.

## State OB Hospital

The first maternity hospital owned by a State and operated by a State health department was opened recently in Oneida, Ky. It is the Oneida Hospital for Mothers and Babies of the Mountains. Private physicians may take patients to the hospital for delivery and obtain there the consultation services of the resident obstetrician.

## Industrial Course Hailed

"Prepare for industrial medical service on the home front," was the theme of an educational campaign brought to a successful close recently by The Philadelphia County Medical Society.

Entitled "A Postgraduate Course in Industrial Medicine and Hygiene," the instruction program covered a period of eight consecutive weeks. Sessions were held at the headquarters building of the county med-



## HIGH-STRUNG . . .

War efforts and strenuous days bring to high-strung individuals nervousness and insomnia. The physician can rely on well tolerated, non-habit-forming

### PENTABROMIDES

Brand of Combined Bromides

A palatable, non-alcoholic syrup containing a total of 15 grains of five carefully selected and balanced bromide salts per fluidram.

Available at your prescription pharmacy in pint bottles.

*Write for Sample and Literature*



# MERRELL

THE WM. S. MERRELL COMPANY

CINCINNATI, U. S. A.

Trade Mark  
"Pentabromides"  
Reg. U. S. Pat. Off.

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ical society from 4:00 to 6:00 p.m. each Tuesday, Thursday, and Saturday. The curriculum was planned by the University of Pennsylvania Medical School and by the Woman's Medical College of Pennsylvania. The State medical society cooperated.

Eighty-two physicians registered—sixty-eight for the full course and fourteen for parts of the course. At the close of the sessions, sixty-seven registrants received certificates indicating that they had completed the instruction. Arrangements were made to publish in the county society bulletin the names of those who had taken the course and to make the list available to any industrial concern that might query the society about the availability of a full- or part-time industrial physician.

The course of instruction covered such aspects of industrial medicine as the organization of a medical department, the examination of employees, absenteeism, the qualifications of the industrial physician, plant sanitation, industrial health hazards, surgical problems, toxicology, compensation, and medico-legal factors.

### Defense Problem Raised

In the event of air attacks on this country, civilian victims probably would be handled as accident cases are now—moved to hospitals and placed on ward service. Under the accepted practice, such patients must be treated by doctors on the staffs of the hospitals to which they are taken, even if they are accustomed to consulting specific private physicians.

The Norfolk branch of the Massachusetts Medical Society raises the objection that this is unjust to persons in the private-patient class, as well as to their physicians.

"Is not an injured civilian entitled to the same free choice of hospital and physician as when he is sick and ailing?" it asks. "If an injured person who can afford to be treated privately is taken to a hospital without his consent and cannot be moved safely, is he not entitled to engage his usual medical advisor whether or not the latter is a member of that particular hospital staff?"

### Doctor's Fuel Dilemma

Doctor's difficulties under gasoline rationing are illustrated by the experience of a practitioner in England, where restrictions are more severe than in America. In a letter to *The Times of London*, he wrote:

"There is a real danger that the present system of petrol control will seriously hamper the country doctor performing his essential services. A reliable car is vital, and most country doctors have had their cars regularly serviced to prevent major faults and breakdowns. In the country, garages able to do this quickly and well scarcely exist, and the doctor must, therefore, take his car into the nearest big town.

"One had regarded this as incidental to one's practice, but I was recently prosecuted for so doing. The bench dismissed the charge, though it said a technical offense had been committed. If the time comes when the local doctor does not arrive because his car breaks down, the fault will not be his."

### Medical Society Hit

Dr. Morris Fishbein and the American Medical Association were the chief targets of a verbal drubbing in the Arkansas Senate not long ago. The Arkansas Medical Society, the University of Arkansas Medical

# IMPORTANT ANNOUNCEMENT TO THE MEDICAL PROFESSION:

SEARLE RESEARCH PRESENTS

## PAVATRINE

... THE POTENT, SAFE, NON-NARCOTIC  
ANTISPASMODIC FOR DYSMENORRHEA,  
GASTROINTESTINAL SPASTICITIES

### OFFERS THESE CLINICAL ADVANTAGES:

1. Dual antispasmodic action—both neurotropic and musculotropic effects;
2. High spasmolytic potency—many times that of atropine by animal tests without untoward side effects;
3. Ability to abolish uterine contractions;
4. Increased safety—demonstrated clinically and experimentally.

Literature showing relaxing action of Pavatrine on spasm, together with dosage and administration, available on request.

Pavatrine is supplied in bottles of 20, 100 and 1000 tablets of 2 grs. each.

G-D. SEARLE & CO.

ETHICAL PHARMACEUTICALS SINCE 1868

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New York Kansas City San Francisco

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School, and several individuals were also denounced in an oratorical attack led by the Senate's two physician members, Dr. W. H. Abington and Dr. H. B. Hardy.

"The AMA is the greatest trust in America," Senator Abington charged. He denounced the AMA, the activities of Dr. Fishbein, and the activities of the State society and State medical school. He introduced a resolution calling for an accounting of the society's receipts and expenditures during 1941-42, and demanded to know "how much money it had paid" to an attorney described during the debate as "a lobbyist for the society."

### Sulfa Bandage Introduced

Still another means of applying sulfa drugs is seen in the announcement of an adhesive and gauze bandage impregnated with sulfathiazole. Both Bauer & Black and Johnson & Johnson are now marketing this product. The sulfathiazole is combined with the gauze pad and is released only on contact with the moist wound surface. The dressing is said to retain its bacteriostatic power indefinitely.

### Britain Discards a Taboo

Britain's conventional taboo on public mention of venereal disease, after long outlasting that of the United States, has been shocked into limbo by concern over the wartime spread of infection. Inaugurating a government campaign, a display advertisement has appeared in most national and provincial newspapers under the heading, "Ten Plain Facts About Venereal Diseases."

Lord Beaverbrook's chain papers, which make a practice of breaking most other conventions, were the

only ones to reject the advertising. They cling to the conviction that the social diseases are still unacceptable as a breakfast-table topic.

### Another Addict's Ruse

Narcotic Subterfuge No. 1,001: A woman addict goes to a doctor for the treatment of hemorrhoids. Explaining that she is away from home, she offers a copy of a prescription allegedly given by her regular physician. The formula is something like this:

Oleum Olivae .....	5ii
Tr. Opii.....	5ii
Phenolis .....	Gtt. x

If the doctor is deceived and the prescription is filled, the addict lets the concoction stand until the olive oil floats and the opium settles. The oil is then siphoned off and the sediment heated until the alcohol and phenol evaporate. The residue is dissolved in water and used for injection.

With narcotics more precious than ever, Commissioner H. J. Anslinger cautions physicians to be especially vigilant against fraud or robbery. Reporting that only 5 per cent of the narcotics seized in 1941 were pure, he predicts that organized robberies will increase as the illicit traffic decreases.

### One Doctor for 25,000

Only one doctor is available for every 25,000 persons in the vast area of Northwest China now virtually surrounded by the Japanese. Supplies and medical equipment are scant, since they can be brought in only by running the enemy blockade. United China Relief, which helps finance the work, reports that the general hospital in Yenan is staffed by seven doctors and about forty

## Etiologic Eradication TAKES TIME...



THE PATIENT  
DEMANDS RELIEF  
NOW

Most pruritic skin lesions require a relatively extensive diagnostic search before specific therapy can be instituted. In the interim, however, relief from the agonizing itching must be provided. For this purpose, Calmitol is specific. It exerts its antipruritic influence regardless of the causative lesion, hence it may be prescribed on the first visit. A single application is effective for hours, overcoming the desire to scratch and preventing secondary traumatic lesions. The wide applicability of Calmitol embraces contact dermatitis (including ivy and oak poisoning), food and drug rashes, eczema, urticaria, prurigo and intertrigo, ringworm, and pruritus ani, vulvae, and senilis. Physicians are invited to send for samples.

THOS. LEEMING & CO., INC.  
101 W. 31st St. • New York, N.Y.

Calmitol exerts its antipruritic influence by blocking cutaneous receptor organs and nerve endings. Its active ingredients are chlor-iodo-camphor aldehyde, levo-hyoscine oleinate, and menthol, in an alcohol-chloroform-ether vehicle. Calmitol is protective, bacteriostatic and induces mild active hyperemia.

**CALMITOL**  
THE DEPENDABLE ANTI-PRURITIC

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nurses, who walk as far as thirty miles to visit patients. Almost all the medicines—seventeen kinds—are made in a cooperative drug factory that, like some of the hospitals, is established in a cave dug out of the hills.

### Army Takes Older Nurses

Raising the age limit of nurses acceptable for army duty from 40 to 45 years is reported to have stimulated enlistments, with a corresponding increase in the drain on the civilian supply.

### Welders' Fertility Safe

Sterility is not an occupational hazard among welders, despite a report to that effect circulated among the 100,000 men and women in welding jobs in the nation's war plants. Dr. Philip Drinker of Harvard University has pointed out to these workers that although x-rays can destroy fertility the welding arc falls about 200,000 volts short of that potentiality.

### Home-Grown Drugs

Most of the drugs formerly imported can be grown at home in substantial quantities, according to Professor Alex Laurie of Ohio State University. For example, 1,000 acres of belladonna would fill all domestic and lend-lease requirements, and all the digitalis, henbane, and stramonium needed could be grown on about 300 acres each, he estimated.

### One M.D. to 150 Fighters

There is one physician for every 150 men in the American armed forces as compared to one for every 230 men in the British forces, according to Dr. Frank H. Lahey, former president of the American Medical Association and now chief

of the Procurement and Assignment Service.

Dr. Lahey also reveals the order in which demands for physicians will be filled: First priority will go to the armed forces, with teachers for medical schools, doctors to treat workers in war industries, and physicians for civilians, following in that order.

### Unreferred Patients

There is a growing tendency for people to go to hospitals for medical care without being referred there by physicians, according to the Cincinnati Hospital Superintendents' Council. The council attributes this to the fact that patients are either unable to locate a physician, or are unable to find one who will make a house call.

### Dermatosis Hawkshaws

Skin disease "detectives," working in more than fifty government and privately-owned war plants and arsenals, have trailed various forms of industrial dermatitis to their sources and forestalled further outbreaks, the U. S. Public Health Service has revealed.

A force of six dermatologists and a chemist, representing the Dermatoses Investigation Section of the PHS, helps industrial doctors to find the causes of outbreaks and to prescribe preventive measures. Before they went into the field nearly 15 per cent of workers handling explosives suffered from skin troubles, according to the PHS.

In an eastern plant a puzzling rash on the hands, arms, and faces of workers making explosives and filling shell casings reached near-epidemic proportions. The DI staff traced the trouble to fumes from TNT and contact with powder. Detachable sleeves and gloves, made of pliofilm, were

To help

Each fluid ounce of TROPHONINE X contains:

Thiamin Hydrochloride (vitamin B<sub>1</sub>) 5 mg.  
Riboflavin (vitamin B<sub>2</sub>) 2 mg.  
Niacinamide 10 mg.  
Calcium Pantothenate 1.5 mg.  
Pyridoxine Hydrochloride (vitamin B<sub>6</sub>) 0.75 mg.

Carbohydrates (dextrin, dextrose, lactose, maltose and sucrose) 4 gm.  
Amino acids and other hydrolyzed protein 1.6 gm.  
derivatives 19.5 %

Alcohol (as a fine wine) by volume  
Colored with caramel and agreeably flavored.

Dosage: For adults, 2 to 4 tablespoonsfuls daily, as directed by physician. (Two tablespoonsfuls of Trophonine X contain the minimum daily requirement of riboflavin, and the recommended daily requirement of niacinamide. Two tablespoonsfuls also contain more than the minimum daily requirement of thiamin.)

Available: In 12 oz. and 1 gal. bottles.

AMIN  
VITAMIN  
CARBO  
ALSO

XUM

parts "on top of the world" —

—A NEW, PALATABLE  
HIGHLY NUTRITIOUS FOOD SUPPLEMENT

# TROPHONINE X

Fatigue, nervousness and irritability are characteristic symptoms of patients who feel "below par", and are not infrequently the result of deficiencies of important accessory food substances, especially factors of the vitamin B complex, amino acids and carbohydrates. Deficiency of these substances is so prevalent that Trophonine X should be considered not only for invalids and convalescents, but also as an aid in restoring every patient to normal health and well being.

**AMINO ACIDS:** Trophonine X is a rich source of amino acids and other hydrolyzed protein derivatives required for the synthesis of body proteins. The quality as well as the quantity of food proteins is important, as the dietetically indispensable amino acids cannot be produced by the body. Without an adequate supply of "essential", and other amino acids, all of which are found in Trophonine X, the normal metabolic and physiologic processes of the body are retarded, and health and well being impaired.

**VITAMIN B COMPLEX:** The essential nutritive factors of the vitamin B complex in Trophonine X stimulate appetite and promote growth and cellular metabolism. Syndromes characteristic of deficiencies of these factors occur in "run down" and convalescent patients and invite the administration of Trophonine X.

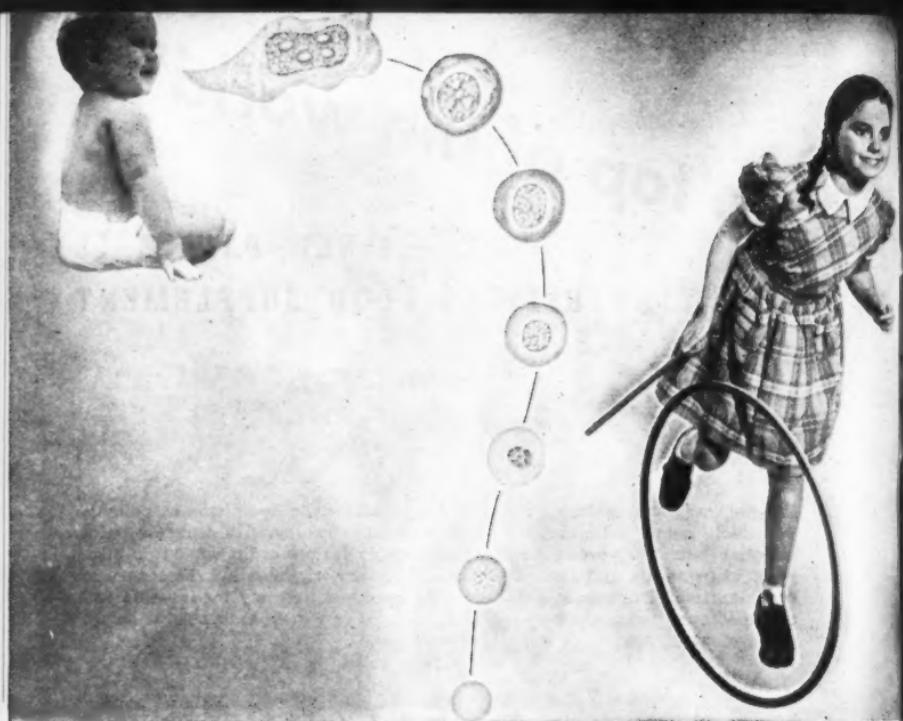
**CARBOHYDRATES:** Trophonine X contains the energizing carbohydrates — dextrin, dextrose, lactose, maltose and sucrose, which aid in maintaining bodily warmth and energy for muscular effort.

**Indications:** Trophonine X may be prescribed wherever a palatable, highly nutritious and easily assimilable source of supplementary carbohydrates, amino acids and the essential factors of the vitamin B complex is indicated. Aids in restoring debilitated and "run down" patients to normal health and well being. Valuable when the diet has been restricted through economic considerations, over-refining of foods, or gastronomic preferences; and in febrile conditions, old age, and during convalescence from acute diseases and operations, especially when solid food is interdicted or deglutition difficult.

**REED & CARNICK JERSEY CITY, N. J.**

**ALSO AVAILABLE:**

**TROPHONINE:** Identical with Trophonine X, except that vitamin B complex factors are not included. Contains amino acids and other hydrolyzed protein derivatives (5%), and the carbohydrates lactose, dextrose, dextrin, maltose, and sucrose (12%), with alcohol in the form of a fine wine (19.5%).



## FROM BIG TO LITTLE AND FROM LITTLE TO BIG

• As the child grows and hemohistio blasts diminish to mature erythrocytes in increasing numbers, iron becomes a factor of primary nutritional importance. Physiologic increase of blood volume during adolescence ranks with hemorrhage as a contributing cause of iron deficiency,<sup>1</sup> and studies of a group of high school girls indicate that growth actually affects the blood picture more than does the menarche.<sup>2</sup>

Iron is prophylactically and therapeutically specific for hypochromic anemia

resulting from deficiency of this element. Hemoglobin regeneration following blood donation is far more rapid when supplemental iron is administered than when it is withheld.<sup>3</sup> Moreover, ferrous sulfate is recommended as the most efficiently assimilated form of iron.

'Ribothiron' Tablets and Elixir were designed for the prophylaxis or treatment of hypochromic anemia and provide ferrous sulfate combined with thiamine and riboflavin to aid absorption and assimilation of the factor necessary for normal hemopoiesis.

Sharp & Dohme, Philadelphia, Pa.

### 'RIBOTHIRON' TABLETS AND ELIXIR

1. Heath, C. W.: J.A.M.A., 120:366, October 3, 1942. 2. Leichsenring, J. M., Donelson, E. G., and Wall, L. M.: Am. J. Dis. of Children, 62:262, August, 1941. 3. Fowler, W. M., and Barer, A. P.: J.A.M.A., 118:421, Feb. 7, 1942. 4. Santz, A. C.: Am. J. Med. Sci., 201:790, June, 1941.

#### TABLETS (Sugar-coated, green)

Each tablet contains:

3 gr., excised Ferrous Sulfate (U.S.P.) 20 gr., (equiv. to 4.3 gr., U.S.P.)	ELIXIR (Alcohol, 10 per cent)
0.25 mg..... Thiamine Hydrochloride (Vitamin B <sub>1</sub> ).....	10
0.5 mg..... Riboflavin (Vitamin B <sub>2</sub> or G) .....	2

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designed at the National Institute of Health in Bethesda, Md., and their use stopped the rash.

A strike was averted in a Seattle shipyard when the investigators found that an alarming rash among electricians was caused by a chlorine compound in which cable was packed. When workers in other plants discarded gas masks and helmets because they were uncomfortable, the DI experts concocted a pleasant-smelling ointment for the face and neck that gave adequate protection.

In some cases the scientific sleuths are able to diagnose dermatosis outbreaks by merely checking lists of the materials with which the affected workers are in contact.

#### 4,000 Wounded; 7 Die

Four thousand casualties . . . seven deaths . . . mortality, 0.18 per cent. That is the gist of the navy's record in treating its wounded in the South Pacific, as revealed in a recent report of the Bureau of Medicine and Surgery. The record low mortality rate, according to the report, resulted chiefly from two factors: speedy removal of the wounded from battle areas and excellent medical care, including the use of sulfa drugs. Many of the patients had been badly wounded.

#### Plain House Numbers

Physicians of Binghamton, N.Y., tired of losing time hunting for patients' residences, have petitioned the city council through their society to enact an ordinance requiring conspicuous house numbering.

#### Family Decline Shown

Nearly half the 35,100,000 families in the United States had no children under the age of 18 in 1940. Only 15

per cent had three or more children. In 1930, 58.8 per cent of the families had no children under the age of 10; in 1940, the proportion had risen to 65.9 per cent. These sidelights on the decline of the American family are reported by the Census Bureau from its latest national tabulation.

#### War Care for Diabetics

Special identification cards and three types of diet sheets for diabetics, for use in the event of air raids, are being distributed in San Francisco by the Emergency Medical Service of the Civilian War Council. Doctors and clinics are instructed to fill out the cards and advise patients to carry them at all times. The diet sheets are available in hospitals and casualty stations. The card is in this form:

SPECIAL IDENTIFICATION		
D EMERGENCY MEDICAL SERVICE		
San Francisco Civilian War Council		
NAME	AGE	
ADDRESS	PHONE	
NAME AND ADDRESS NEAREST RELATIVE		
DOCTOR OR CLINIC		
ADDRESS	PHONE	
DIETARY PRESCRIPTION C P F		
INSULIN: KIND	DOSAGE	TIME
DATE	Signature	M.D.

#### Pharmacy Faces Crisis

Most U.S. colleges of pharmacy may be forced to close by July 1, and if the war continues next year hundreds of communities will be left without adequate pharmaceutical service, according to a warning issued



## QUICK EMERGENCY AID FOR BURNS

### WITH FOILLE

Outstanding among the clinical advantages of this water-in-oil emulsion as a first-aid application to affected areas are the following:

**First**—Foille may be applied immediately *without debridement*.

**Second**—Foille quickly *controls pain*.

**Third**—Foille, unlike tanning methods, does not rigidly seal over burned areas.

Because of day-to-day performance in military, civilian and hospital practices, there is a steadily growing demand for

**Fourth**—Foille allows needed suppuration or sloughing to proceed without interference. Free movement is afforded; there is less danger of contracture; the patient is more comfortable; healing is accelerated.

**FOILLE**

In 2-oz., 4-oz., pints, quarts, gallons, 5-gallon bottles. Distributed through Surgical Supply Houses, Wholesale Druggists, Pharmacists and First Aid Suppliers.

Special Package of Foille in Gelatin Tubules. Designed for physician to carry for emergency use in treatment of small-area burns, furnished complimentary. Write for this and full literature. Additional free clinical product available upon request.

**CARBISULPHOIL COMPANY**

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by Robert W. Rodman, editor of the Journal of the American Pharmaceutical Association.

Selective service directors make no provision for pharmacy students who have not completed at least half their training, and even juniors and seniors have been deferred only until July 1, pending further study, Mr. Rodman declared. He pointed out that the colleges have graduated an average of only 1,600 pharmacists a year for the last six years, which is considerably fewer than the replacement requirement.

At the start of the war there were about 82,000 registered pharmacists in the country. In 1942 the army took at least 5,000 and the navy about 2,500, according to Mr. Rodman, with the prospect that this year the army will take 6,000 more, the air corps 3,000, and the navy 4,000. That would put a total of more than 20,000 pharmacists in the armed forces.

"The surest way to bring on some form of state or socialized medicine," Mr. Rodman warned, "is to allow a situation to develop in which the personnel and facilities of one branch of medical service are inadequate to serve the public's needs."

## Food Rx's Attacked

Suspicion of doctors who exercise their right to prescribe scarce or rationed foods for patients is indicated in editorial comment on the subject in a New Jersey newspaper. Referring to the authorization of food prescriptions as "another good war hold," the editorial says:

"The idea has its meritorious side, but the doctors are also interested in the practical phase, which gives them the power to allot delicacies to favorite patients, mostly rich ones; to

friends; and their own family circle. Those who protest that doctors do not go in for shenanigans will deflate when reminded of the liquor prescription racket during prohibition."

## A Use for Old Journals

"When your stacks of old technical journals have outlived their usefulness, don't give them to the waste-paper man, but get in touch with the American Library Association." The association which issues this plea, has named a committee under the chairmanship of John R. Russell librarian of the University of Rochester, N.Y., to assemble files of scientific periodicals with a view to restocking both war-damaged libraries abroad and those whose reference shelves are incomplete as a result of the loss of mails at sea.

## Motor Deaths Drop

Motor vehicles caused 39,969 accidental deaths in the nation in 1941. Last year the toll was 27,800. The National Safety Council attributes the saving of lives entirely to wartime curbs on speed and travel.

## Emergencies Only

Emergency cases only are accepted by the Elizabeth A. Horton Memorial Hospital in Middletown, N.Y. Shortage of nurses has compelled the institution to reject cases that do not require immediate treatment.

## Findings on Colds

A nation-wide study of the incidence of the common cold, based on information obtained from 85,000 persons and covering a period of more than a year, has been completed by the American Institute of Public Opinion. Believed to be the first survey of its type and scope, it

# Hygeia National Advertising keeps right on telling prospective mothers—

**CONSULT  
YOUR DOCTOR  
REGULARLY**

Hygeia bottles, because of their wide mouths, are easier for mothers to clean. And the six important features listed below tell you why you can recommend Hygeia with confidence.

## SIX REASONS WHY YOU CAN SAFELY RECOMMEND **HYGEIA BOTTLES AND NIPPLES**

- 1 Wide mouth and rounded interior corners make bottle easy to clean and leave no crevices for dirt which breeds germs.
- 2 Famous Hygeia breast-shaped nipple has patented air vent which tends to maintain steady flow of milk, helping to prevent "wind-sucking."
- 3 Sanitary tab makes nipple easy to apply without touching sterilized surface with fingers.

Hygeia Nursing Bottle Co., Inc., Buffalo, New York

## BABY COMING ?



**CONSULT YOUR DOCTOR REGULARLY.** And ask him about the advantages of Hygeia Equipment. Improved Hygeia Bottle has easy-to-clean wide mouth, wide base to prevent tipping, and scale applied in color for easy reading. Famous breast-shaped Nipple has patented air vent to help reduce "wind-sucking". Ask your druggist for Hygeia today!

**HELP WIN THE WAR** by conserving rubber. Use a separate nipple for each feeding. Clean immediately after use. Avoid excessive boiling.



**HYGEIA  
NURSING BOTTLES  
AND NIPPLES**

4 Improved tapered shape makes easier for baby to hold bottle and get last drop of formula.

5 Measuring scale applied in color makes it easy to observe amount of formula.

6 Wide base makes for safer handling in filling and attaching nipple.

### **HELP WIN THE WAR**

Advise your patients to conserve rubber by rotating nipples for each feeding. Clean immediately after use. Boil no longer than necessary for sterilization.

**HYGEIA NURSING BOTTLE  
AND NIPPLE**  
Safer because easier to clean

as undertaken to throw light on the cold as a problem in the war effort.

#### Some of the findings:

1. The lowest incidence of colds was in the age group from 20 to 29 years. The highest incidence was in the group under 10.

2. In the lower income group the percentage of persons suffering from colds was 60 per cent greater than among those in higher income levels.

3. Geographically, the greatest incidence was found in the West Central States—Wisconsin, Minnesota, North and South Dakota, Iowa, Nebraska, Kansas, and Missouri—where climatic changes are greatest.

4. Even in July, one person in every twenty was found to have a cold.

5. In cities the proportion of those with colds was slightly lower than among those in small towns or on farms.

6. Only one person in four went through the Winter without a cold.

7. The peak incidence was found in February, the low point in July.

No claim of absolute accuracy was made for the survey. The institute had to depend on the layman's ability to recognize and define a cold.

#### Record in Obstetrics

A world record in deliveries is claimed for Dr. Irving W. Potter of Buffalo, who in forty-five years as an obstetrician is said to have brought into the world more than 25,000 babies. A bronze plaque in the obstetrical wing of Buffalo's Millard Fillmore Hospital memorializes his public service there. Dr. Harry C. Guess, president of the hospital's medical staff, contends that Dr. Potter has delivered more obstetrical cases than any other physician in the

world. Dr. Potter, who is 74, presided at a large proportion of the hospital's deliveries last year.

#### More Self-Medication

A growing trend toward self-medication, resulting from the shortage of civilian doctors, was cited by the Federal Trade Commission recently in a plea to Congress for the maintenance of its appropriation for the coming fiscal year. Despite the plea, the appropriation was reduced by the House of Representatives.

The scarcity of doctors demands vigilance against false advertising of foods and drugs, the FTC declared. "The commission must exert every effort to see to it that the products advertised and represented are not injurious to the health of the user, and that the therapeutic representations made are honest and truthful," it said.

#### City Doctors Underpaid

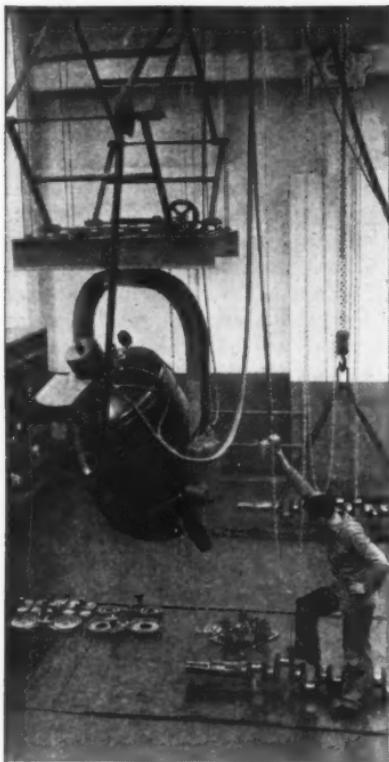
The San Francisco County Medical Society has complained that surgeons in the city's emergency hospitals are paid the equivalent of only 80 cents an hour, since they receive \$200 a month and put in about fifty-six hours a week, including duty virtually every day. They also must pay substitutes if they wish time off.

Stewards in the same hospitals receive \$200 a month, with a six-day week of forty-eight hours, it was pointed out. City officials promised to seek some means of relief after their attention had been called to the situation by the society.

#### Legal Scope of AMA Case

The conviction of the American Medical Association under the Sherman Anti-Trust Act is not such a green light to cooperative health in-

# THE VERSATILE X-RAY IS MAKING MOMENTOUS CONTRIBUTIONS TO THE NATION'S WAR EFFORT



This G-E Million-Volt Unit makes possible the x-ray inspection of critical war materials, including steel castings 8 inches thick.



**GENERAL ELECTRIC  
X-RAY CORPORATION**  
2012 JACKSON BLVD., CHICAGO, ILL., U. S. A.

*Todays Best Buy - H. S. War Bonds*

★ "The use of the Roentgen ray by the Medical Department in the War with Spain has marked a distinct advance in military surgery," wrote the Surgeon General of the U. S. Army in an intensely interesting volume (1899) on this subject. And you know what notable records the x-ray has since written into the annals of military medicine.

But in this World War the x-ray has proved to be equally valuable in its application to various industrial problems, the solutions of which have not only assured our fighting forces of superior war materials but also have speeded up the production of these materials.

With specially designed x-ray units war industries are "looking through" metals to determine their fitness for use in ships, tanks, planes, guns, and ammunition . . . X-ray diffraction helps metallurgists to improve processing methods which make critical materials far more serviceable; also facilitates the precision cutting of quartz crystals, to thus speed deliveries of superior radio-communication sets to our land, sea and air forces . . . Another special x-ray unit helps to speed war planes from the drawing board to the flight ramp, by a ingenious x-ray-photomatte method of duplicating full-scale, exact-size templates directly on the materials to be used in construction . . . These are only a few of the vitally important uses of the x-ray in this great war effort.

What all this means to you is simply this: that the varied experience we have gained in the development of highly specialized x-ray equipment for industries, is further assurance of our ability to continue to design the finest apparatus for medical radiology.

surance plans as some comment has suggested, Michael M. Davis, chairman of the Committee on Research in Medical Economics, writes in the Survey Graphic.

"The indictment," he points out, "was brought under a very specialized statute, the Sherman Act, applying only to interstate commerce. Under this act, the Federal courts have direct jurisdiction only in the District of Columbia. In any other part of the Union, indictment under the act could be brought only if some interstate action were proved; for example, if the AMA, operating from Chicago, could be shown to have conspired with a State or local medical society outside Illinois in boycotting a new health insurance plan.

The legal scope of the decision is therefore limited. The AMA case is a signpost rather than a traffic light. Its moral effect far outweighs its legal significance."

### Allows Cooperative Plans

A bill to permit the establishment of medical insurance cooperatives has been passed by the New Hampshire House of Representatives by a vote of 23 to 6.

### VD Literature

"Office Procedures in the Laboratory Diagnosis of Venereal Diseases," a sixteen-page booklet, is being distributed among physicians by the Bureau of Social Hygiene, New York City Health Department, 125 Worth Street, New York. It explains approved clinical pathologic laboratory procedures that may be used by the physician in his own office.

Another VD booklet, "A Tip From Your Pharmacist," has been prepared by the American Pharmaceutical Association and the American Social

Hygiene Association, and is being distributed by the latter from 1790 Broadway, New York. It cites the druggist as an information source on venereal diseases, but emphasizes that he cannot prescribe medication.

"Ask your pharmacist for the names of physicians who treat syphilis and gonorrhea, or for the address of the nearest clinic," the booklet advises. "The pharmacist will give you sound advice, but he is pledged not to diagnose disease or prescribe for the sick, as he is not a physician."

### American Eating Habits

A survey of American eating habits, conducted by the American Institute of Public Opinion, reveals that a surprisingly large proportion of the people fail to eat foods regarded as essential to health by many nutrition experts. The following list indicates the percentages of people who reported that they eat *none* of the foods specified:

Citrus fruits, tomatoes, and raw greens—45 per cent.

Eggs—48 per cent.

Milk and cheese—34 per cent.

Leafy or yellow vegetables—25 per cent.

Meat, fish, or poultry—12 per cent.

Other vegetables, including potatoes—8 per cent.

Whole-grain or enriched cereals or bread—3 per cent.

### Sight From the Dead

Soldiers blinded in battle, as well as some 200,000 sightless persons in the United States, may hope to see again if an "eye bank" established in San Francisco achieves its aim. Its program is to obtain and distribute transplantable corneas from the dead.

Promoter of the idea is Ted Olsen, a young sheet-metal worker. As presi-

# THE SEASON OF SPRAINS AND STRAINS



WITH the increased activity of Spring, the physician is called upon to treat many sprains and contusions—sometimes minor conditions, but often painful and disabling.

## NUMOTIZINE

—so efficacious throughout the winter months in respiratory and inflammatory ailments—is equally valuable in relieving the pain, soreness and swelling

of unaccustomed activity or of injury.

By increasing the local circulation and encouraging osmosis, Numotizine actually aids in the reparative process. When applied early and liberally in athletic and industrial injuries, Numotizine is of prophylactic value in preventing swelling and discoloration.

The effect of Numotizine is so prolonged that one application lasts all night.

*Supplied in 4, 8, 15 and 30 ounce jars.*

**NUMOTIZINE, Inc., 900 North Franklin St., Chicago, U.S.A.**

### FORMULA:

Guaiacol .....	2.60
Beechwood Creosote .....	13.02
Methyl Salicylate .....	2.60
Sol. Formaldehyde .....	2.60
C. P. Glycerine and Aluminum Silicate q. s. 1000 parts	



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dent of the Dawn Society, formed three years ago, he is collecting pledges from volunteers willing to give their eyes to the cause when they die. Each pledger carries an identification card authorizing the attending physician at his death to arrange for the delivery of his eyes to the society. The "eye bank" is doing business in Olsen's apartment, 825 Bush Street, San Francisco.

The movement started when a blind West Coast minister appealed to a condemned convict for the bequest of his eyes. The plea failed, but its publicity inspired an 80-year-old Berkeley mother to offer her eyes. When she died, one of her corneas restored the minister's sight; the other brought light to a Sacramento youth.

Olsen won the help of the International Order of Good Templars, of which he is an officer, and the campaign has been growing ever since, financed by small gifts. He learned from eye specialists that successful transplantations, performed for some forty years, had been kept relatively quiet because it was difficult to get suitable corneas and the specialists did not want to arouse false hopes among the majority of the blind, who cannot be helped in this manner.

Eye specialists have been designated at strategic points to advise the sightless on their eligibility for the operation. Applicants are listed in the order of their enrollment.

### Handbook on Instruments

The evolution of diagnostic instruments and techniques in medicine is reviewed in a handbook about the Reichert Collection now on view in the Wellcome Exhibition Galleries in New York City. The collection was assembled by Dr. Philip Reichert as

a reference laboratory for investigators in the field of diagnostic methods and apparatus. The booklet traces the development of diagnostic techniques and suggests possible trends for the future. The chapters in the handbook, corresponding to the sections of the exhibit, cover sphygmography, sphygmomanometry, auscultation, microscopy, and endoscopy.

Physicians may obtain the booklet without charge by writing to Burroughs Wellcome & Co., 11 East 41st Street, New York, N.Y.

### Post-War Jobs an Issue

In Britain, as in the United States, men serving in the armed forces are supposedly protected by a government ruling that their former civilian employment will be waiting for them upon their return. The British Medical Journal has made an issue of a case in which a country police surgeon, resigning his army commission because of ill health after a year of service, found that the doctor who took over his duties when he left had been confirmed in his appointment. It was charged that county officials declined to give their reasons for refusing to reinstate the surgeon.

### Health Plan Study

Training in the organization and management of prepayment health insurance plans will be given at the University of Michigan's school of public health in a two weeks' institute opening May 10 under a grant from the Rockefeller Foundation. The institute is intended for those now working with prepayment plans or having special interests in this field, and those associated with public health, hospital, or other community services who wish to learn about health service plans. Professor

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WHICH SHOULD  
YOU PRESCRIBE?

SOME B-COMPLEX PREPARATIONS  
ARE NOT HIGH IN POTENCY

BUT BEPADIN IS!

Bepadin Capsules I.V.C., represent an improvement in high potency Vitamin B-complex therapy since they contain two of the most important sources of the natural Vitamin B-complex, namely liver concentrate and yeast. In addition, Bepadin Capsules have been fortified with other known factors of the B-complex.

When you prescribe Bepadin Capsules... you are giving your

patients a more complete B-complex. Furthermore, the potency is guaranteed.



**International Vitamin Corporation**

*"The House of Vitamins"*

50 EAST 42nd STREET - NEW YORK CITY  
CHICAGO - LOS ANGELES

XUM

Nathan Sinai, of the school of public health, is in charge of the course.

## VD Doctors Enrolled

Los Angeles physicians willing to treat venereal cases referred to them by public clinics are being sought by the city's health department. A coupon printed in the county medical association's bulletin is used as an application form. It asks doctors to state their office hours and their minimum fee for routine treatments.

The health department has promised that the information will be used only for the purpose of putting venereal clinic patients in contact with private physicians. It explains that patients without family physicians often request referral to a private doctor's office, but that these patients usually want definite information about the doctor, such as the amount of his fee. The patient often is a worker who must be treated at night and prefers a doctor near his home, the department explains.

## Population Trends

There were two births for every death in the United States last year, and the population, now estimated at 135,604,000, increased 1.2 per cent. The New York Times attributes this trend to prosperity and to the hasty marriages of selectees, pointing out that the population will tend to decrease if the war is a long one.

"But," The Times comments, "after the war the birth rate will rise, if Europe's history is a guide, only to fall again. We shall therefore face the economic problem of how we shall employ women who will never marry and who must earn a livelihood. The momentary increase in population is deceptive. As yet there is no sign that we have begun

to study probable changes in the pattern of our population—changes that cannot be ignored in framing a policy which we should follow in the painful process of post-war social and economic readjustment."

## Longevity in England

As a sidelight on longevity in England, a correspondent of The Times of London has recorded the fact that the death notices appearing in that newspaper for the last twenty-eight years have listed an average of 413 persons yearly who died at the age of 90 or more. The 1942 total of nonagenarians and centenarians was 459.

## Payment in Kind

To find a suitable name for itself, a county hospital in West Virginia conducted a contest. The prize was a free appendectomy.

## "Victory Lunches"

A food wagon service for between-meals energy is reported to have cut the accident rate 30 per cent in a Pittsburgh war plant, despite a 21 per cent increase in man-hours. The serving of "victory lunches" in an Evansville, Ind., plant brought a 19 per cent reduction of absenteeism in a four-month period.

Reporting these and other results of its coast-to-coast Nutrition in Industry Program, the Office of Defense Health and Welfare Services indicates that nutrition is a key to the solution of many war production problems. The government-planned campaign, directed by physicians and nutritionists, promotes the "victory lunch" as one of its remedies for production losses. The menu consists of tomato juice or citrus fruit, meat or its equivalent, raw vegetable salad,

No wonder doctors have  
trouble with their hands—  
**They wash them so  
many times a day!**



**Read how scores of  
doctors help heal**

# **ROUGH, IRRITATED HANDS!**

WITH frequent washings, scrubbing up to the elbows, strong, antiseptic solutions—no wonder doctor's hands get red, rough, irritated. That's why their unsolicited comments can mean so much to you. Scores of doctors say that they use Medicated Noxzema Skin Cream frequently during the day to help keep their hands smooth.

One reason Noxzema is so effective for your hands is because it's a *medicated formula* that not only soothes and softens rough, irritated skin, but also

helps heal the tiny "cuts" and cracks that often go with chapped hands.

Try it for *your* hands. And for an extra comfortable shave, try Noxzema Speci-ally Prepared for Shaving.

NOTE: If you've never tried Noxzema, we will be happy to send you a full-size jar without obligation. Just write Noxzema Chemical Co., Dept. E-10, Baltimore, Md.



\* green or yellow vegetable, potato, and milk.

### Clinics Teach Cooking

A means of relieving clinic patients' boredom while they wait for treatment has been adopted by four London hospitals. Cooking lessons are given in the waiting rooms for food-minded women. At Soho Hospital, for example, a small kitchen has been equipped for informal demonstrations.

### Illegitimacy Hidden

Evidence of illegitimacy is now omitted from certified copies of birth certificates issued in Georgia. A law enacted recently authorizes the use of a certification form instead of requiring photostatic copies. The form lists only the name, date and place of birth, color, and sex. It is designed to spare from possible humiliation those who must obtain evidence of birth registration.

### Officers' Families Aided

A doctors' war fund is being maintained by the physicians of Huntington Township, N.Y., to provide assistance of \$100 a month for the families of medical men who have gone into the service.

### Hospital Train Ready

The first of a series of hospital trains intended for use in the invasion of Europe was turned over recently to the U.S. Army in England. It can accommodate 228 stretcher cases and sixty-four sitting cases. There are two padded compartments for mental patients. The staff consists of three medical officers; three nurses; and forty-eight enlisted men, including thirty-three orderlies. The train's comforts include central heat-

ing, hot water, showers, laboratories, ash trays, and a kitchen described as a dietitian's dream.

### Draft Tests Tightened

After local draft boards had sent one-legged selectees to induction stations, supposedly with the approval of preliminary physical examiners, the Selective Service System issued a new circular to guide the examination of registrants. The instructions emphasize that there must be an actual examination by a physician. It was found that many draft board doctors had not been examining men in the nude.

### Hospital Census Data

A patient arriving every 2.5 seconds. An operation performed every 5.6 seconds. Three live babies born each minute.

That is a partial statistical picture of the hospitals of the United States, taken collectively, as presented in the twenty-second annual hospital census of the AMA Council of Medical Education and Hospitals.

Hospital bed patients in 1942 represented 9.5 per cent of the total U.S. population. The number showed an increase of 8.2 per cent over 1941. There were 6,345 hospitals on the council's register in the United States, in addition to 128 in the territories. Their total capacity was 1,383,827 beds and 71,448 bassinets. Operations were performed on 44.7 per cent of all bed patients.

Blood banks are operated in 610 hospitals, plasma banks in 1,741, and both in 546; such facilities are available, though not on the premises, in 2,457 other hospitals.

The percentage of occupancy in all hospitals decreased to 81.4, compared with 83.7 in 1940. Occupancy

# Will your patients get the Vitamins they need under Rationing?

Even when food was plentiful, surveys showed that subnutritional states were common—an important underlying cause of numerous minor ailments. Today's shortage of meat, butter and canned goods will make it still more difficult for your patients to maintain nutritional needs.

Now more than ever Vimms offer aid to the busy physician... a sure way to prevent the minor sickness resulting from vitamin-mineral deficiencies. For clinical samples, write Lever Brothers Co., Dept., ME-10, Pharmaceutical Div., Cambridge, Mass. (Offer good in U. S. A. only.)

## Why so many doctors recommend Vimms

1. All essential vitamins in proper balance\* . . . Three Vimms supply minimum daily requirements of all six vitamins.
2. All the minerals commonly lacking . . . Vimms supply generous quantities of Calcium, Phosphorus and Iron.

3. Potency guaranteed . . . Vimms potencies are chemically and biologically controlled. Their stability is insured.

4. Priced for all patients . . . Tasty Vimms tablets costs only 50¢ for 24, \$1.75 for 96, \$5.00 for 288.

\*Journal of the A.M.A., July 18, 1942, pp. 948-9.

## 3 Vimms a day supply

(In terms of a good food source of each vitamin and mineral)

5,000 USP Units VITAMIN <b>A</b>  as much as 20 pats BUTTER	1.0 milligram VITAMIN <b>B<sub>1</sub></b>  as much as 3/4 lb. cooked LIVER	2 milligrams VITAMIN <b>B<sub>2</sub> (G)</b>  as much as 1/2 QUART MILK	30 milligrams VITAMIN <b>C</b>  as much as 5 OZ. TOMATO JUICE	500 USP Units VITAMIN <b>D</b>  as much as 2 tbs. COD LIVER OIL	10 milligrams VITAMIN <b>P-P</b>  (Niacin Amide) as much as 1/2 lb. STEAK	375 milligrams CALCIUM  as much as 1 1/2 oz. Amer. CHEESE	250 milligrams PHOSPHORUS  as much as 1 1/2 EGGS	10 milligrams IRON  as much as 2 cups SPINACH
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# Vimms

All the vitamins known to be essential  
All the minerals commonly lacking in the diet

in non-government hospitals increased in the same period from 68.5 to 72.7 per cent, however.

## Drug Store Hours

Municipal regulation of drug store closing hours as a war measure is legal, the New Jersey Supreme Court ruled recently, upholding the Union City Board of Commissioners. The Union City ordinance sets the closing hours at 9 p.m. for Sunday, 11 p.m. for Saturday, and 10 p.m. for other nights.

## How to Milk Snakes

Snake venom for antidotes used to be obtained largely from the Pasteur Institute of Paris. The loss of this source is being partly remedied for the United Nations by two South African corporals who are assigned to patrol certain ravines and river banks, hunting two of the world's deadliest snakes, the South African yellow cobra and the puff adder. The reptiles venom is processed at the South African Institute of Medical Research, in Johannesburg, to form an anti-venene serum for snake bites.

After the hunter has captured the snake with a long stick, the real work begins. He must grasp the snake behind the jaw bones, open the jaw, push the fangs through a tissue stretched over a wine glass, and press the head to start the flow of venom. The liquid, when dried, becomes a salt-like crystal.

## Refresher Courses

Post-war demands in the field of adult education will include an unprecedented call for medical refresher courses, says Dean N. C. Miller, director of the extension division of Rutgers University. The

many physicians now in military service are devoting their full time to specialized types of medicine; they have little opportunity to study or practice in the fields related to society's general needs, Dr. Miller declares. As a result, he says, every medical school must have a program ready to help physicians bring themselves up to date for post-war practice.

## PHS Combats TB

Nearly 250,000 TB x-ray examinations have been given by the U.S. Public Health Service since the war began, Surgeon General Thomas Parran has announced. More than 160,000 workers in war industries in nine States and 40,000 Federal employees in Washington were among those examined. Slightly more than one in every 100 persons examined had pulmonary tuberculosis. Between 55 and 60 per cent of the cases were in the first stage. It is planned to extend the program to the families of war workers and rejectees.

In addition to x-ray examinations, the PHS offers State and local health departments professional help in the appraisal and reorganization of their tuberculosis work with a view to strengthening nation-wide control of the disease.

## 600 Relocations Made

Some 600 physicians have been relocated in the last few months, according to figures issued by the Procurement and Assignment Service. In forty States reporting, 587 doctors were known to have changed their places of residence and practice; in 340 of these cases the relocations were arranged by the P&AS. Five of the physicians were women;

[Continued on page 127]

## FIRST FOOD AFTER TONSILLECTOMY

In addition to its attractive taste-appeal and ease of ingestion, the high nutritive quality and ready assimilation of Horlick's render it ideal for use in post-tonsillectomy and other postoperative care.



**HORLICK'S**  
(PLAIN)

OR

**HORLICK'S**  
**FORTIFIED**  
(A, B<sub>1</sub>, D, G)

is partially pre-digested and homogenized. Mixed with water or milk, it tends to produce a soft curd, which encourages ease and speed of digestion.

Horlick's provides rich protein, carbohydrate and fat in balanced proportions, calcium and other essential minerals. The Fortified is enhanced by the addition of maintenance doses of A, B<sub>1</sub>, D and more than 50% of G.

*Recommend*  
**HORLICK'S**

*The Complete Malted Milk—Not Just a Malt Flavoring for Milk*

# HORLICK'S

## **NRPB Program**

[Continued from page 56]

wide acceptance of general medical care or the operation of facilities as a field for development.

To exploit to the full existing knowledge of preventive health measures, two steps are therefore needed: The appropriation of adequate funds and a broadened conception of the potentialities of public health services.

### *B. Expansion of the Health Program for Mothers and Children*

Medical science and public health organization have contributed greatly to the health of mothers and children during the past decade. This knowledge has been utilized to begin the erection of a framework of maternal and child health services. A comprehensive program is needed to make available to mothers and children, in every city and county the health supervision and promotion service that would foster the development of a healthy nation. It includes the provision of a full-time county or district health organization, public health nursing service, and medical service, usually from local practicing physicians, for the conduct of prenatal clinics, child health conferences, school medical examinations accompanied by adequate follow-up work, and hospital and clinic care of the sick. It must be confessed that as yet this program is far from fully developed.

Only sporadically are medical care services provided for mothers in relation to childbirth and for

children when illness or physical defects require medical treatment and hospitalization. Under the State maternal and child health programs a beginning has been made in a few counties in providing medical care and hospitalization for mothers at delivery, and to a lesser extent for sick children in families that cannot obtain such care unaided. In large cities and in some of our smaller cities such medical care is frequently available from public or private funds. But the great need of mothers at maternity and of sick children in families in the lower and middle income groups has not yet been faced and planned for.

There is widespread professional and lay interest in the development of more adequate maternal and child health services throughout the nation. But this interest has not yet been translated into a willingness to make available the appropriations necessary to attain the objectives sought.

Larger appropriations for both maternal and child health services and services for crippled children should be made available under Title V of the Social Security Act. And to secure the best results, maternal and child health clinics should be specifically authorized to provide treatment, where necessary, as well as diagnostic and advisory services.

Provision for the health of school children is also still far from adequate. A comprehensive program would include measures for the control of communicable diseases,

VALUE IN VITAMINS . . . IMPORTANT TO THE

# Physician

**W**HAT HAPPENS WHEN PNEUMONIA STRIKES? Usually no stone is left unturned, no expense is spared. Hospitals, oxygen tents, sulpha drugs . . . all are employed without immediate monetary consideration. A life must be saved. The emergency is recognized not only by the physician but by the patient as well.

When a vitamin deficiency is the cause of ill health . . . what happens? Vitamin therapy is recommended, but there the emergency is not as easily recognized by the patient; yet the continued administration of the cure is dependent on the patient and the monetary consideration becomes an important factor.

The Stuart Formula provides at a sensible price which all patients can afford, a multi-vitamin concentrate which meets the balance and high potency requirements of the National Research Council. The Stuart Formula, available in both liquid and tablet form, is completely flexible and can be prescribed in any dosage from minimum amounts to therapeutic doses in cases of actual vitamin deficiency.

The Stuart Formula uses no consumer advertising at all, and relies solely on the recommendations and prescriptions of physicians, yet The Stuart Formula is the most widely used vitamin concentrate on the Pacific Coast.

\* *The Stuart Formula is sold through ethical outlets only.* \*

**The Stuart Company**

PASADENA, CALIFORNIA • WINNETKA, ILLINOIS

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formula**

Ethical Outlets in Eastern Territories are Serviced from Our Office at 284 Linden Ave., Winnetka, Illinois

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periodic physical examinations of all children, and follow-up services to ensure that diseases and defects are promptly removed or adequately treated.

*C. Protection of Factory and Farm Workers against Health Hazards*

Risks to the health of workers, arising out of industrial or occupational accidents or diseases, suggest yet another area in which an investment in preventive programs would yield rich dividends. The U.S. Public Health Service has pointed out that the prompt adoption throughout industry of already known medical and engineering controls would immediately reduce by 10 per cent the time lost due to sickness and accidents of an occupational character.

*D. More Widespread Appreciation of the Importance of Health to the Individual and the Nation*

The need for educating the people to a due appreciation of the importance of health has long been evident to professional workers. At the same time the nation as a whole must satisfy itself that adequate resources are available for continued research. A substantial share of the financial support of current medical and scientific research is derived from private endowments. The probability that the war may adversely affect this source of income is a cause of real concern. If there is to be a progressive expansion of the frontiers of control over health hazards, continued support of basic scientific and medical research from public

and private funds must be assured.

II.

**ASSURANCE OF PROPER NUTRITION FOR ALL**

In the last two decades there have been great advances in the science of nutrition, but much still needs to be done. Among the more important directions in which action is called for are the following:

1. Renewed efforts to assure to every family the minimum income necessary to purchase adequate diets.
2. Continued support for public and private agencies engaged in the dissemination of sound nutritional practices and principles.
3. More orderly and economical arrangements for the production and physical distribution of the basic foods essential to health.
4. Encouragement of the production of foodstuffs for home use on the part of low-income or one-crop farmers.

III.

**ASSURANCE OF ADEQUATE HEALTH AND MEDICAL CARE**

Adequate medical care, including measures for rehabilitation on a basis consistent with the self-respect of the recipient, is today impeded by inadequacy of facilities and financial restrictions. In 1941 there were in the United States 1,324,381 beds in 6,358 registered hospitals, distributed as follows: 603,872 beds in general and allied special hospitals; 638,144 in nervous and mental institutions; and 82,365 in tuberculosis sanatoria.

The 600,000 beds for general medical care represent a ratio of

DURING THE  
*Adjustment Period*  
IN CONSTIPATION  
MANAGEMENT

THE chronically constipated patient generally requires an adjustment of diet and habit. Until such time as the constipation is corrected, physicians have found Kondremul a helpful aid in managing the bowel function.

**KONDREMUL**  
(Chondrus Emulsion)

mixes thoroughly with the colonic content—acting as a fecal-softening, regulative agent.

A stable emulsion of high grade mineral oil with Chondrus crispus (Irish Moss), Kondremul provides definite relief without gripping or irritation.

In three forms for various types of constipation:

**Kondremul Plain**—for simple constipation

**Kondremul with non-bitter Extract of Cascara**—particularly valuable for atonic, senile and pregnancy constipation

**Kondremul with Phenolphthalein 2.2 grains phenolphthalein per tablespoonful**)—initial treatment where stimulation is required

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4.6 beds per 1,000 population, a figure slightly above the generally accepted standard for adequacy, 4.5 beds per 1,000 population. However, this over-all figure conceals a tremendous variation in facilities between regions and States; in certain States the ratio is nearly 8 beds per 1,000 people, in others as low as 2.

There are also great disparities in the availability of medical personnel in various parts of the country. Before the rapid changes resulting from the war, the national ratio of physicians to population was about 1 to 800, ranging in individual States from 1 to 500, to 1 to 1,400. Similar variations exist in the distribution of dentists and nurses.

As in the case of hospitals, these regional variations have a close correlation with per capita income, and the problem is intensified because the areas with inadequate hospital and clinical facilities do not attract the more progressive or younger physician. Two problems call for immediate attention. The nation must satisfy itself that the total numbers of medical personnel after the war will be adequate for the expanded health services that are indicated. And steps must be taken to see that medical personnel are distributed over the country more nearly in proportion to need.

Even with more nearly adequate facilities, adequate medical care for all will not be assured until the financial problem is solved. The vast majority of the population de-

sire to contribute toward the cost of the medical care they receive. But the ability of many to do so is impeded by the low level of private incomes and the high and unpredictable costs of illness. Hitherto the problem has been tackled by adjustments between the individual physician and patient, by private insurance, and by free medical care for those who are destitute. All these measures have important shortcomings.

Individual adjustment between patient and physician is unsatisfactory to the patient, for it introduces an extraneous element into the relationship of patient and doctor and is so distasteful to many that they refrain from seeking the care they need. It is unsatisfactory to the doctor, who is not trained as a medical social worker. Furthermore, the incidence of this free or reduced-fee service does not fall on all doctors alike because many who practice in the poorer areas have little opportunity to compensate for these services by higher charges to richer patients. In the future this source of compensation may be even more drastically reduced as the higher income brackets feel the full force of heavier taxation.

Private insurance has made a real contribution and is growing in popularity, as the phenomenally rapid growth of hospitalization insurance has demonstrated. But as a solution of the basic problem it, too, has shortcomings. It has been applied only sparingly and with limited success to medical care, as

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**PROMPT RESULTS!**

Abrasions, cuts, and lacerations are soothed when covered with a Campho-Phenique dressing, for Campho-Phenique is intended to minimize pain and inflammation.

The intense local pain, the burning sensation, and other discomforts of small burns and scalds respond favorably to Campho-Phenique.

Campho-Phenique is available in three forms: a Liquid, an Ointment, and a Powder, each form having certain advantages.

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700 N. Second St. • St. Louis, Mo.

apart from hospitalization. Insurance has also hitherto failed to appeal widely to the lower groups, and it seems doubtful whether those who have difficulty in meeting the minimum necessities of decent maintenance can be expected voluntarily to budget for medical costs.

Public medical care for the needy varies widely in availability and quality in different parts of the country. There is need for better professional supervision, closer co-operation between the various agencies concerned, more rational administrative organization and procedures, and the allocation of more adequate funds to this public welfare service.

The problem presented by the financial obstacles to assurance of adequate medical care for all is one of the most important in the entire field of public health. Its solution will call for the closest co-operation between the medical profession and Government. It will require, too, the courage to face economic realities and to explore not only the potentialities of expansion of publicly provided medical care but also the feasibility of methods such as social insurance which have successfully operated elsewhere.

#### IV. EFFICIENT ORGANIZATION OF HEALTH SERVICES

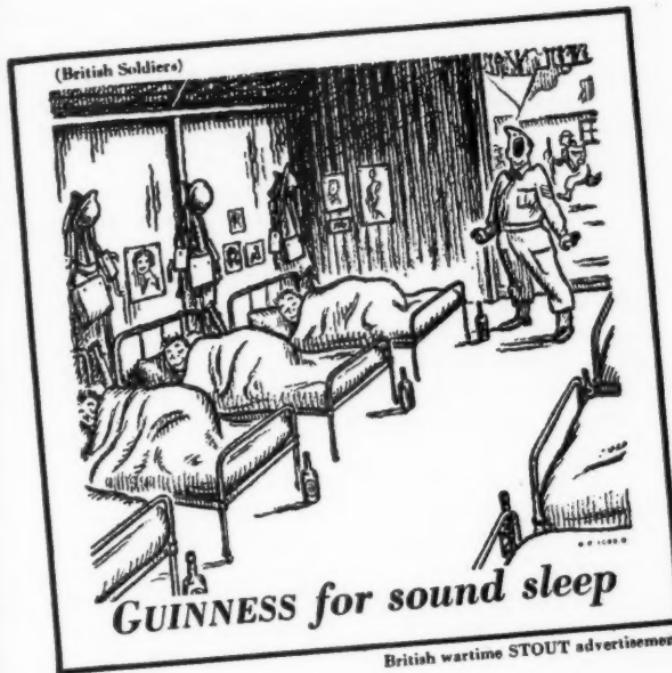
If the health of the nation is to be raised to the level which existing knowledge now makes possible, it is evident that more of our resources must be invested in health activities. It has already

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*British wartime STOUT advertisement*

THE HUMOUR and good cheer of Guinness STOUT wartime advertising does its bit for British morale! And Guinness itself relaxes nerves, induces sleep without the depressing after-effects of most hypnotics.

Only four ingredients are used in Guinness: barley, hops, water and special Guinness yeasts—*nothing else*. It matures naturally . . . is neither pasteurized nor filtered. Thus it retains active yeasts—a source (along with the barley) of Vitamins B<sub>1</sub> and G. Brewed in Dublin, Ireland, since 1759. Obtainable wherever good ales are sold.

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# GUINNESS IS GOOD FOR YOU

been suggested that we shall need more doctors, dentists, nurses, and laboratory and technical workers. More of our resources must be invested in the training of these people, so that the gains of new knowledge can be disseminated throughout these professions as rapidly as possible. Attainment of our objective will make additional demands upon the construction industry for well-equipped clinics and health centers and for more adequate and convenient premises to house the agencies concerned with public health.

At the same time the nation is entitled to demand that the physical and human resources devoted to health services shall be utilized in an economical manner. There is a waste of resources when there is a high proportion of empty beds in well-equipped and expensive hospitals. Waste is involved if the time of medical personnel who have undergone a long and costly training is not fully occupied because the people who need their services cannot afford to pay for them, or if it is uneconomically used, as when highly trained persons perform functions which could well be carried out by less specialized or skilled personnel. Physical resources are being wastefully used when a profession that increasingly requires more technical equip-

ment fails to take advantage of the economies of group practice.

Progress toward a more effective and economical organization of health services in the post-war period, as today, will therefore call for action on several fronts. Among the steps at present indicated are the following:

1. Better coordination of the medical and health facilities and agencies in each community, so that all available resources may be tapped for the preservation of the health of the people.

2. Increased use of clinics, health centers, and group practice, in order that contemporary methods of organizing the supply of medical care may reflect technological developments and the vast expansion of medical knowledge.

3. Arrangements for the supply of medical care which will free the doctor or dentist from the necessity of spending time upon functions for which he is not especially trained or which could more economically be performed by less highly trained personnel, to the end that he may increasingly devote his attention to ways and means of improving the quality of medical care.

#### Pictures in this Issue

Page 43, U.S. Army Medical Museum; 48, 49, Press Association; 50, Acme; 58, R.N.—A Journal for Nurses.

THE ALKALOL COMPANY  
TAUNTON MASS.



EVER SINCE 1896

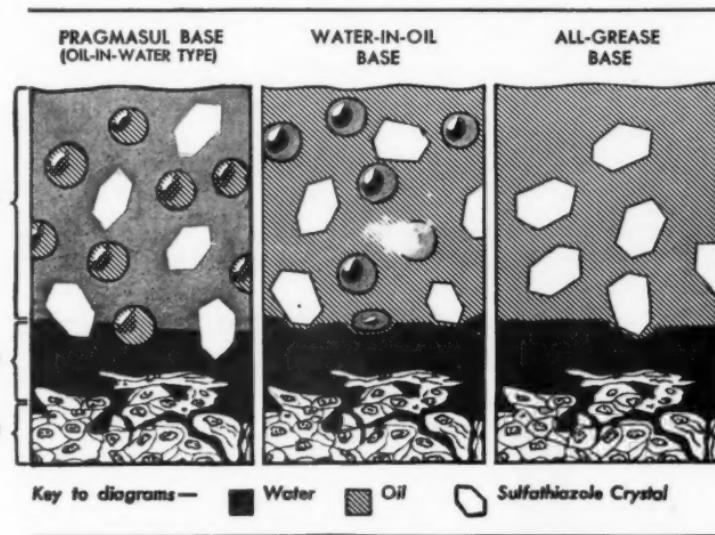
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In PRAGMASUL the ointment base is an oil-in-water type emulsion, which ensures intimate and prolonged contact of the 'Micraform'\* sulfathiazole crystals with the affected tissue.

The important difference between the Pragmasul base and the two other types of ointment bases most commonly employed is strikingly illustrated below.



NOTE that in Pragmasul the oil globules and the 'Micraform' sulfathiazole crystals are suspended in the continuous aqueous phase.

NOTE, also, the absence of interfacial tension between the aqueous serous exudate and the water-phase of the Pragmasul base. On the other hand, with the all-grease and

water-in-oil emulsion bases, interfacial tension is inevitable at the apposition of the mutually incompatible oil and exudate.

\*Pragmasul contains 'Micraform' sulfathiazole, 5%. 'Micraform' is S.K.F.'s trademark for micro crystals of the sulfonamides—in the case of sulfathiazole, approximately 1/1000 the mass of ordinary commercial crystals.

**SMITH, KLINE & FRENCH LABORATORIES  
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## Hours or Appointments?

[Continued from page 47]

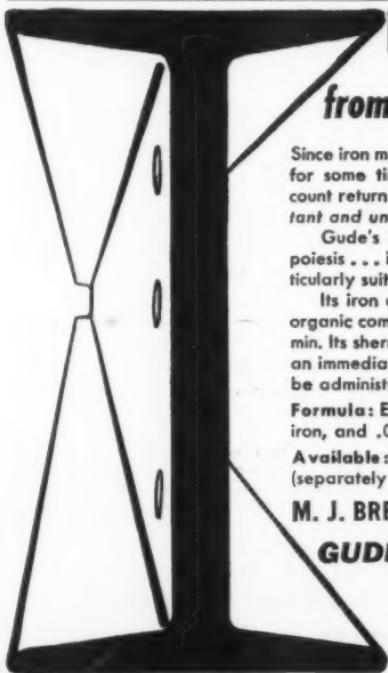
necessarily deliberate about it."

Even allowing for temperamental differences, I don't find this a tenable position. The physician *need* not feel hurried in the least since his desire is to give each patient fully as much time as is required. But the patient often is affected by an awareness of others waiting—to the extent that he's less likely to expect small talk.

Some doctors say the greatest value of appointments lies in the fact that you know where you stand: how much work lies before you, about how long it will take, and about when you'll be through. That's true—but only to a degree.

Planning a day's schedule on the basis of an appointment book presupposes that each appointment will be kept on time, that each visit will take no longer than the allotted period, and that there will be no urgent requests from those without appointments to "see if you can't squeeze me in." Using office hours, I can predict the length of my daily stint as well as ever.

Another alleged value to appointments is the cachet conferred by an "Appointments Only" notice on your shingle. Even if I should grant that nowadays this is advantageous (a debatable point), I believe it's outweighed by the popularity evidenced in a well-filled reception room. Moreover,



**IRON THERAPY**  
*from the long term point of view*

Since iron medication in hypochromic anemia should be continued for some time after the hemoglobin value and reticulocyte count return to normal, a palatable preparation, free from irritant and unpleasant side-effects, is imperative.

Gude's Pepto-Mangan not only assures effective hematopoiesis . . . its agreeable taste and nonirritant blandness particularly suit it for extended employment.

Its iron and manganese are rendered fully assimilable by organic combination in peptonate form with predigested albumin. Its sherry color, neutral reaction, and aromatic flavor have an immediate appeal for young or old. Or (if preferred) it may be administered in tablet form.

**Formula:** Each tbsp. (15 gm.) contains .2745 gm. peptonate of iron, and .0973 gm. peptonate of manganese. Alcohol 16%.

**Available:** In bottles of 11 fl. oz.; or boxes of 60 tablets (separately wax-paper wrapped).

M. J. BREITENBACH CO., 304 E. 23rd St., New York

**GUDE'S PEPTO-MANGAN**  
—In liquid and tablet form

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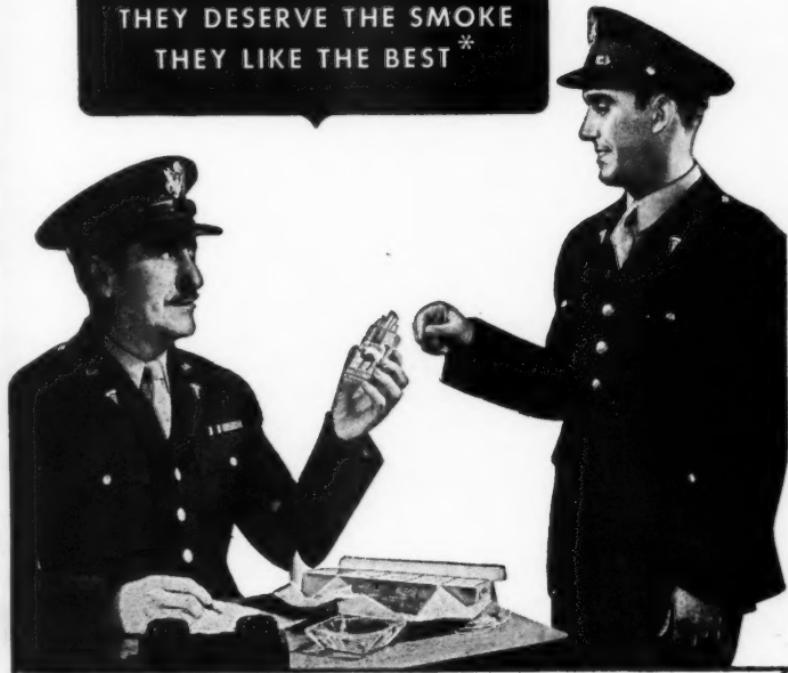
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THEY DESERVE THE SMOKE  
THEY LIKE THE BEST \*



YOUR gift of cigarettes to men in service is the most welcome of all remembrances. And the preferred brand, according to actual survey, is Camel.\*

Send Camel—the cigarette noted for mellow mildness and appealing flavor. It's one way, and a good way, to express your appreciation of the sacrifices being made by our fighting forces.

Camels in cartons are featured at your local tobacco dealer's. See or telephone him—today—while you have the idea in mind.

\*With men in the Army, Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records in Post Exchanges and Canteens.)

Remember, you can still send Camels to Army personnel in the United States, and to men in the Navy, Marines, or Coast Guard wherever they are. The Post Office rule against mailing packages applies only to those sent to men in the overseas Army.

**CAMEL COSTLIER TOBACCO'S**

BUY WAR BONDS AND STAMPS

making each patient wait his turn has its own cachet value. It demonstrates the fact that you give impartial consideration to all comers, regardless of importance or bank account.

Don't misinterpret my vote for office hours as a blanket criticism of appointments. They're indispensable in specialties where office visits are long, since the amount of waiting required would otherwise be unreasonable. (In fact, I still find it desirable to give an occasional off-hour appointment to patients whom I know will require a good deal of time.)

All in all, I now see many more patients a week than I ever saw by appointment. What's more, I spend no less time with each individual. So for the specialist in similar circumstances let me offer this suggestion: Try office hours.

—RICHARD MILLER, M.D.

### Blind Doctors

[Continued from page 57]

and reads him his medical journals. The doctor has a general practice but specializes partially in chest and heart diseases.

Soon after young Collins was struck by the baseball, iritis developed, and in three years he was totally blind. His mother sent him to a school for the blind in Philadelphia, where he learned to play the piano and organ, make cane chairs and brooms, and otherwise to use his hands. Later he studied massage at an orthopedic hospital in that city.

An attack of hay fever when he was 23 sent him to Mt. Clemens, Mich., to recuperate. While there he met a friend who persuaded him to study medicine at the old Detroit College of Medicine and Surgery, now a part of Wayne University.

He opened an office in Grand Rapids after he graduated, but a few months later he accepted the offer of a college classmate, Dr. Fred Burleson, to join the staff of the Burleson Sanitarium as a medical examiner. In 1935 he left the post to re-enter private practice.

"It isn't so difficult as you with vision might think," Dr. Collins says. "We aren't in the horse-and-buggy days when a doctor made his diagnoses without benefit of

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Pancreatin - Pepsin - Papain - Bile

In Indigestion and Dyspepsia

Dose: One or two tablets with meals.

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# An Important Contribution to BILE ACID THERAPY



TRIKETOL is a distinct laboratory achievement representing years of original research in bile derivative chemistry. This research culminated in the production, by *proper oxidation*, of crystalline-pure, therapeutic bile acids, free from toxic, irritating contaminants inherent in crude bile. New formulations plus new equipment, of original design, contribute greatly to the exclusive ENDO method of producing TRIKETOL.

Exhibiting the two essential bile acids—dehydrocholic and dehydrodesoxycholic—at maximum therapeutic efficiency, TRIKETOL is indicated wherever an active hydrocholeretic and cholegenic is appropriate, as in chronic cholecystitis, biliary stasis and other hepato-biliary disorders.

Moreover, its ability to increase production of bile (and in subsequent secretion as thin, limpid bile) is proving highly effective in the management of constipation.



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x-ray or laboratory. Here in the city I have every aid: hospitals, laboratories, x-ray, and an able assistant."

• • •

Another blind physician is Dr. Henry Levine of Cambridge, Mass., who enjoyed a good practice until 1930, when he lost his sight due to separated retinas. Dr. Levine does obstetrics, diagnoses all his own surgical cases, and practices internal medicine. For a long time he had only a few patients, but those he had began referring others to him, and today he has a fair practice. His nurse describes conditions which he can't feel.

Dr. R. V. Harris of Savannah, Ga., who died early this year, also was blind. Just a few days before his forty-seventh birthday he spilled 1,280 grains of bichloride of mercury into his face. The result was immediate and permanent blindness. Dr. Harris, whose practice was limited to gynecological consultation, wrote just before his death:

"Being entirely dependent upon my hands, I feel perfectly competent in the two lower quadrants

of the abdomen and in the pelvis. It is not remarkable to be able to make an accurate diagnosis of this part of the body by manual examination. Even cervical ulceration or erosion can be diagnosed accurately as to location, size, and possible pathology."

Perhaps the best known of all blind doctors was the Chicago cardiologist, Dr. Robert Babcock, who died about ten years ago. Like Dr. Collins, he was blind before he entered medical school.

—GEORGE B. FRITZ

### OWI Survey

[Continued from page 46]

doctor might be of the finest metropolitan hospital. Now the clinic is deserted. In the small waiting room dust lies thick.

"The druggist next door is doing his best to carry on. Now he practices emergency medicine, for there is no one else to do it. 'I may go to jail for this,' he says, 'but somebody has to take care of the people.' The mayor of the town is standing by him and helping when he has to.

"The night before the OWI representative visited the town a man

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**CUT CONSULTATION TIME!**



**IN PRESCRIBING FOR THE NORMALLY OVERWEIGHT . . .** the new Ry-Krisp low-calorie diet book saves precious time. Includes 1200-calorie diet for women; 1800-calorie diet for men. Also menus and recipes. Nutritionally sound. Can also be used as guide for planning family meals.

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Helpful in reducing diets . . . only about 23 calories per wafer.  
Safe bread in allergy diets . . . contains no wheat, no milk,  
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Please send, no cost or obligation, your Allergy Diet and Low-Calorie Diet Books; also  
new 20-page book on whole grain products and their uses in normal and special diets.

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came into the drugstore with a deep head wound. The druggist poured on iodine, and pasted the gash together with adhesive tape. Another night a woman was brought in severely lacerated and bleeding profusely. The druggist got his friend the mayor, and together they did what they could, keeping life in the woman until

she could be taken to the hospital twenty miles away.

"Rural regions which are not defense areas are finding it very difficult to obtain doctors. This particular section is not considered a war community. The cities in this State are fairly well supplied with doctors, and fourteen doctors have been relocated, four of them in communities where there are factories making war materials.

"The State procurement and assignment chairman has received a number of applications from doctors willing to go into war plants as industrial physicians, where they would work eight hours a day for a fixed salary. But there are few applications for relocation to rural districts.

"A similar problem was found in another Southern State. In a county with a population of some 15,000, the only industry is cotton-textile manufacturing. There is no war industry, and no increase in population—therefore, under the present system, this section is unlikely to get emergency aid. Yet the situation here is desperate.

"In 1941 this county had six doc-

**IN ARTHRITIS**

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**COLLOIDAL SULFUR**, by its detoxifying action, reduces joint swelling and thus relieves pain, and prevents or minimizes further joint involvement.

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**SULPHOCOL** combines the advantages of colloidal sulfur therapy with the added benefit of non-specific protein therapy.

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In terms of electrical units, the subjects averaged an increased work output of 45.28 watt minutes or 3.64 electrical horsepower per second after a drink of Welch's Grape Juice. Physical endurance was increased in 90% of the cases.

A pint of Welch's providing 314 calories contains 50 U.S.P. units of Vitamin B<sub>1</sub>, the proper proportion according to authorities on nutrition. For hard working people who need a source of quick energy to help them through the day, Welch's Grape Juice deserves your recommendation as a delicious, natural and wholesome fruit beverage.

There is no satisfactory substitute for Welch's Grape Juice—the only brand manufactured under complete laboratory control and tested by adequate clinical investigation. Pasteurized and guaranteed pure. Supplied in quart, pint and 4 ounce bottles at groceries and soda fountains.

**WELCH'S GRAPE JUICE**

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tors. Three of these were taken by the army. One of the doctors still there is 74 and suffers from a disability which limits his practice to ordering prescriptions over the telephone from druggists.

"Of the two doctors remaining, one lives on the far eastern side of the county. On the other falls practically all the medical work of the area. He averages about three hours' sleep a night. He tells prospective mothers quite frankly that he will do the best he can for them—but he cannot promise to be on hand in a crisis. In one case when the arrangements had been made long in advance the doctor arrived three days after the birth of the child.

"The women of the county take courses in home nursing and nutrition. They are doing the best they can. Through the State procurement and assignment organization the manager of the cotton mill obtained the names of eleven doctors who had signified their willingness to be relocated. The manager wrote to all of them, pointing out that the doctor would have charge of the mill's medical serv-

ice as well as private practice, and could make a minimum of \$8,000 his first year there. Only one of the eleven answered—a man who had just finished his internship and had been rejected by the army.

"He paid the county a visit. For a time hope rose high among the residents. Then one day the mill manager received a letter. Because of the lack of hospital facilities in the county, the young man had decided to locate elsewhere. They are still trying to get a doctor.

"The age of specialization in medicine also has had an effect on doctors who might be available for relocation. OWI representatives discovered time and again a need for general practitioners, even in cities otherwise well supplied with doctors. In some cities it was found that the actual ratio of physicians to population was well within the one to 1,500 ratio established as a guiding figure for the nation as a whole, and yet there was in reality a medical shortage because of a lack of general practitioners, many of whom were taken by the armed forces."

The general conclusion drawn

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## Puretest RUBBING ALCOHOL

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Puretest Rubbing Alcohol has been a favorite with thousands of doctors and nurses for years because of its invigorating quality and cooling, non-irritating action. Nurses appreciate the freedom from unpleasant odor associated with many ordinary alcohols, and your patients are grateful for the low cost economy of this famous aid to comfort.

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SANO cigarettes are a safe way and a sure way to reduce your patient's nicotine intake. Sano provide that substantial reduction in nicotine usually necessary to procure definite physiological improvement. With Sano there is no question about the amount of nicotine elimination. With Sano you encounter none of these variable factors involved in methods which merely attempt to extract nicotine from

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Chemical analyses show that pinches of cotton used in cigarette mouth-pieces are entirely ineffective in removing any appreciable amount of nicotine from cigarette smoke.

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PLEASE SEND ME PROFESSIONAL SAMPLES OF SANO DENICOTINIZED PRODUCTS. NICOTINE CONTENT LESS THAN 1%

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by the OWI as a result of its investigation is that "while there is not at present a serious breakdown in the health of the nation due to the doctor shortage, there is a probability of slow deterioration of health in communities suffering from medical shortages. Long hours of work in war plants are a contributing factor in health breakdown.

"It is also evident that we can no longer afford to look tolerantly on the scarcity of medical care in rural areas. Farmers have become as important as the man on the fighting front or the man in a shell factory.

"The medical situation in the country . . . can interfere with our war production unless we initiate some method of appraising the problem in its entirety and deciding on the best plan for meeting it."

## Army Medical Museum

[Continued from page 43]

organization set up to record the work now being done by the medical corps. The need for this agency traces back to the close of the last war, when it was found that much of the medical and surgical photography made abroad was inferior. The museum's new division has given special clinical training to photographers, many of whom are now busy recording in color movies the work of the medical corps all over the world. The museum expects that the picture record it is now making will have u

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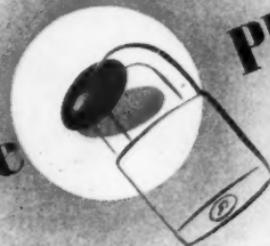
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# Sealed from the air... but not from the patient

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The iron in Hematinic Plastules is ferrous iron—readily available for conversion into hemoglobin. To keep it that way—sealed from the oxidizing action of air—it is hermetically sealed in soluble elastic capsules.

Thus the iron in Hematinic Plastules is readily assimilated, even in the presence of gastric hyposecretion.

For aiding in quick return to normal hemoglobin levels prescribe Hematinic Plastules.

Available in bottles of 50's, 100's and 1000's

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preceded educational value, both in the immediate future and after the war.

Doctors accustomed to the remote atmosphere of museums and libraries generally and to the rigid formality of most army institutions find the Army Medical Museum and Library unexpectedly refreshing. The staffs are notable for their willing helpfulness. Neither Colonel Ash, the curator, nor Colonel Jones, the librarian, conform to the pattern of dusty scholasticism held common to their occupations. A good insight into the spirit of their institutions can be gained from the reception given a caller just recently.

The visitor was a woman who announced that she wished to see her grandmother's lithopedion.

Years before, she said, the calcified fetus had been dispatched to the museum by their family doctor.

Colonel Ash, always ready to oblige, went down to the basement and found a number of lithopedions in a dusty jar. He selected "the most likely," put it in a fresh jar, and exhibited it to the curious caller. After examining the specimen carefully, the woman thanked the curator and walked out quite satisfied.

—M. B. O'BRIEN

### "How Much May I Tell?"

[Continued from page 41]

not sealed on findings unrelated to the treatment of a patient. The privilege applies to information related to the patient's complaint if it was necessary for the doctor to

# Treat RESPIRATORY AFFECTIONS 1 systemically with..

## HYODIN

INTERNAL IODINE MEDICATION with Hyodin (formerly Gardner's Syrup of Hydroiodic Acid) helps to stimulate bronchopulmonary membranes and promote secretion and liquefaction of mucus. Stable, less toxic, more palatable. Each 100 cc. contains 1.3—1.5 gm. of hydrogen iodide (resublimed iodine value averages .85 gr. in each 4 cc.). Dosage: 1 to 3 tsp. in  $\frac{1}{2}$  glass water  $\frac{1}{2}$  hr. before meals.

# 2 locally with..

## SYRUP AMMONIUM HYPOPHOSPHITE

Both available in 4 and 8 oz. bottles. Samples on request.

This demulcent expectorant provides effective sooth-  
ing relief of local inflammation, makes the cough  
more productive and less fatiguing. Contains no  
opiates or sedatives. Each 30 cc. contains 1.05 gm.  
of ammonium hypophosphite (16 gr. in 1 fl. oz.).  
Dosage: 1 to 2 tsp. p. r. n.

Together, these preparations provide a potent com-  
bination for the treatment of chronic bronchitis,  
influenza, grippé, common cold, bronchial dyspepsia,  
unresolved pneumonia, and pleurisy.

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Complete Line:  
SIZE BANDAGES, U.S.P.  
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In these difficult times service is more important than ever. Your Surgical Supply Dealer is always ready to fulfill your requirements with "SR" Surgical Dressings — a complete line of Adhesive Plaster, Absorbent Gauze and Absorbent Cotton. You save time, detail and risk of delay. "SR" Surgical Dressings are made for professional and institutional use only — you can't buy better quality.

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COMBINATION BATH AND TABLE

Every expectant mother should know about the "Bathinette," a real time saver when the baby comes. The complete "Bathinette" is equipped with Hammock with a headrest that holds the baby's head up and gives mother both hands to use—really a *Third Hand*—In addition a baby spray is provided to cleanse the baby from the soiled water.

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COMBINATION BATH  
AND TABLE IS THE  
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Speed and efficiency are what count in these busy days. Speed and efficiency are what you get when you treat fungus infections with KORIUM.

The use of KORIUM offers:

APPLICATION — the whole treatment takes about three minutes.

RELIEF — of pruritus assures patients' cooperation.

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COMFORT — the greaseless, stainless, water soluble base quickly vanishes into the skin.

KORIUM is available in tubes containing 1 oz. net weight. Complete formula and professional literature on request.

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THE MODERN FUNGICIDE

obtain the data so he could treat and prescribe.

What is, and what is not, information related to the treatment of a patient is the difficult thing to determine. Hence the advice to be cautious, treating all information as confidential unless it clearly is not.

Since the privilege is possessed by the patient, he may waive his right to have information obtained from him kept confidential. The waiver may be expressed in writing or orally, or even implied by the patient's conduct.

When a patient requests a doctor, in writing, to give information about him to a third party, the information to be divulged should in the doctor's interest, be stated specifically. This precaution is especially advisable when the ailment is of such a personal nature that information about it might affect the patient's standing in society or in his work.

Oral authorization to release information about a patient is valid. But as with all verbal agreements proof may be difficult to establish if a question is raised later as to the doctor's right to have given the information. It is safer not to rely on oral requests.

Waiver of the privilege is implied by the patient's conduct in cases where, even though the doctor-patient relationship is present, it is understood that a third party is to receive information. This may occur when a person supported by a welfare agency seeks medical attention and a physician is assigned



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continues to be the safest  
and generally the most  
effective analgesic drug.”

Drugs for Arthritis, Journ. A. M. A.  
Queries and Minor Notes, July 25,  
1942, p. 1065.



to care for him. The reports these agencies obtain from physicians in order to decide how much attention the patient needs, constitute no violation of privilege. The mere request for treatment and the acceptance of medical attention establish the waiver.

In some instances the law intervenes and overrules the privilege by asserting that the doctor not only *may* reveal information, but *must* do so. Most State and city laws, of course, require that contagious diseases be reported to public health authorities. The courts have held that a physician is not violating the rule of privileged communications when, under a law or ordinance, he reports that his patient has a contagious dis-

ease. The reasoning is that public protection is more important than the patient's privilege.

The privileged communication rule is incorporated in the codes of ethics of many State licensing boards. A licensing board may take steps to rescind a physician's license upon the presentation of evidence serious enough to warrant this extreme measure. However, licensing boards and medical societies have established the general principle that no action will be taken against a physician unless it is evident not only that a privileged communication has been divulged, but also that a malicious motive existed and that there was a strong intent to injury.

The rule of privileged commun-

*Through The Menstrual Years of Life.*

THE frequency with which the menstrual life of so many women is marred by functional aberrations that pass the borderline of physiologic limits, emphasizes the importance of an effective tonic and regulator in the practicing physician's armamentarium.

In Ergoapiol (Smith), the action of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) is synergetically enhanced by the presence of apiole, oil of savin, and aloin. Its sustained tonic action on the uterus provides welcome relief by helping to induce local hyperemia, stimulate smooth, rhythmic uterine contractions, and serve as a potent hemostatic agent to control excessive bleeding.

May we send you a copy of the comprehensive booklet "The Symptomatic Treatment of Menstrual Irregularities."

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..THE PREFERRED UTERINE TONIC..

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1-2 cap. 2-4 times daily.  
SUPPLIED  
In vial glass, of 20 gm.

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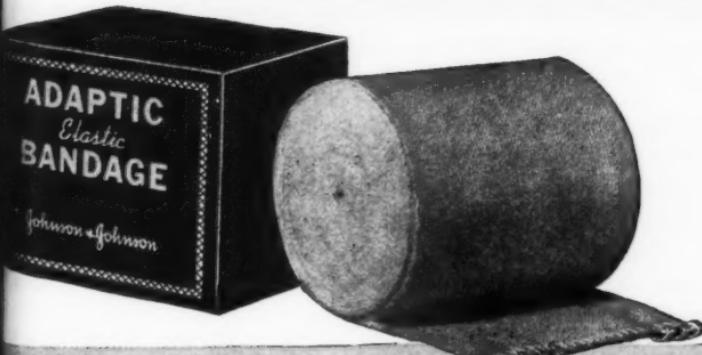
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## **ADAPTIC preferred!**

The ADAPTIC BANDAGE, as an elastic, rubberless support, is recommended for use in strains, sprains, and various joint ailments; in the treatment of varicose veins; to hold large wound dressings in place; in the prevention and treatment of certain muscular injuries; and in other instances where this approved bandage will provide elastic support with comfort.

Available in four convenient widths

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When an adhesive elastic bandage is required, Elastikon is recommended



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## JIMMY DIDN'T NEED A PSYCHIATRIST

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cations was imposed originally to remedy abuses. Before that time the revelations of physicians sometimes caused embarrassment, monetary loss, and even social ostracism. Patients hesitated to tell their doctors personal and intimate details of their ailments, and treatment suffered accordingly. The purpose of the rule is therefore to protect the public. It establishes a privilege for the patient, and it imposes an obligation on the doctor.

—JAMES R. ROSEN, M.D., LL.M.

[To be continued]

## The Newsvane

*Continued from page 97]*

of the men, 214 were either over the age of 45 or disqualified for military service. The P&AS announced that in many States medical care plans have been worked out to enable fewer doctors to care for more civilians.

## Huxley Book Scored

Aldous Huxley's controversial book, "The Art of Seeing," is denounced as a product of "prejudice, false hopes, and lack of scientific understanding" by Dr. William H. Crisp, consulting editor of the American Journal of Ophthalmology. Dr. Crisp's review of the Huxley book was published in the Sight-Saving Review, journal of the National Society for the Prevention of Blindness.

Chiding the publishers for claiming that the book represents "a recovery of the basic rules of vision," Dr. Crisp declares:

"Huxley has not rediscovered anything at all. Such parts of his volume as have any value have been lifted from the works of writers on psychology."

XUM

## British Healthier

Britain's wartime diet is making the nation healthier, Sir Wilson Jameson, Chief British Medical Officer, announced recently. He cited statistics to prove it, including indications that the 1942 death rate probably was the second lowest in British history. Final figures also are expected to put the birth rate at its highest mark in ten years.

## Hospital Births Rise

The increased number of maternity patients in the nation's hospitals last year accounted for 27.9 per cent of the increase in the total number of patients. The AMA Council on Medical Education and Hospitals, in revealing this, reports that births in registered hospitals last year totaled 1,670,599, compared with 1,404,940 in 1941 and 708,889 in 1931. The council figures that 55.9 per cent of all 1941 births occurred in hospitals, as against 33.6 per cent in 1931. In New Jersey and the District of Columbia more than 90 per cent of the births recorded were in hospitals. The proportion of hospital births fell below 25 per cent in only six States.

## Lauds Training Programs

The army and navy college training programs, which include the accelerated production of new medical officers at the rate of about 5,000 a year, have been championed by Dr. Harold W. Dodds, president of Princeton University, as sound, educationally as well as militarily.

"The colleges should be pleased with the rigorous nature and ambitious objectives of the training courses," Dr. Dodds declared. Predicting "a real tonic effect" on students and faculties from the cadet



## FOR THE RED BLOOD CELLS

The essential raw materials needed for red bone marrow regeneration are supplied when you prescribe VITAMIN B-COMPLEX plus LIVER plus IRON for your anemic patients.

Each fluid ounce of HEMO-VITONIN (Vitonin with liver) supplies liver concentrate equivalent to 50 Gm. fresh liver, 0.42 Gm. (6½ grains) colloidal iron peptonate, 218 U.S.P. units Vitamin B<sub>1</sub> (thiamine), 340 gammams Vitamin B<sub>2</sub> (riboflavin), 220 gammams Vitamin B<sub>6</sub> (pyridoxine), 8 mg. nicotinic acid and 1.2 mg. pantothenic acid in a highly palatable base containing 14% alcohol.

Recommended dosage: For adults 2 teaspoonfuls 3 or 4 times per day; for children, half the adult dose.

Available in 8 oz. and gallon bottles.

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**HEMO-VITONIN**  
*Vitamin B-Complex*  
plus LIVER plus IRON

system, with its insistence upon punctuality, discipline, and sustained study, he suggested that the course "will perhaps blaze some new trail in college instruction after the war."

At last count, 488 colleges and universities had been accredited for participation in the wartime programs. They are presenting 1,457 individual training courses, 962 for the army and 495 for the navy. These include the following: pre-medical and dental, eighty-six for the army and sixty-eight for the navy; medical and basic medical sciences, seventy-five for the army and seventy-three for the navy.

### The Medical Center

[Continued from page 40]

organization approved by it, presents you with a list of physician from which you must choose one. You are thrown entirely on the mercy and the knowledge of that lone practitioner. There is no consultation by a group of specialists. The old system of unscientific office practice is perpetuated. The payment of bills is assured but the quality of service is not.

The county medical society voluntary insurance schemes do nothing for preventive medicine. Under many of them a high fee is charged for the first visit, on the theory that the doctor's time must not be taken up by trifling ailments. But who is to decide whether an ailment is trifling or not? What is the doctor for? Campaign against cancer, tuberculosis, diabetes, and the degenerative diseases all drive home the necessity of seeing the doctor early. So the

# 5 points to check in choosing a Baby Cereal!



**GERBER'S STRAINED OATMEAL** was developed specially by qualified infant nutrition specialists in the Gerber laboratories. It is made solely in our plant under strict supervision and ideal manufacturing conditions.

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2. **LOW FIBRE CONTENT.** This cereal is processed to be suitable for the delicate intestinal tract of infants as young as three or four weeks. The percentage of fibre present in the dry cereal is exceptionally low. When mixed with milk, it is even lower.
3. **SMOOTH CONSISTENCY.** When infants are first given cereal, consistency is very important. Gerber's Strained Oatmeal has been developed to mix to a smooth, creamy consistency.
4. **APPETIZING TASTE.** Special attention was paid to the taste of Gerber's Strained Oatmeal. Infants appreciate that good flavor!
5. **EASY TO SERVE.** This cereal is pre-cooked. Simply add hot or cold milk or formula according to the consistency desired.

### Iron and Thiamine Analysis of Gerber's Strained Oatmeal

	Thiamine mg.	Iron mg.
Minimum daily requirement	0.25	7.5
Recommended allowance	0.4	7.5
One ounce Gerber's Strained Oatmeal	0.4	12.0

Calories per ounce: Gerber's Strained Oatmeal 110.



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schemes of the county medical societies actually undo the teaching of the welfare organizations.

What of national compulsory health insurance? About 45 nations have adopted it. What happens is exemplified by Great Britain. There the service the doctor renders is so hurried and poor that in London the district hospital is beginning to displace him. On the continent conditions are no better. Compulsory insurance is to be avoided. It does absolutely nothing for preventive medicine, which must be our mainstay, and it does not distribute scientific medicine.

There is no reason to suppose that insurance, voluntary or compulsory, is the only way of meeting the expense of public medical

care. Indeed, grave objections can be raised against any form of insurance, especially compulsory insurance. The method of payment is not nearly so important as the quality of medical care, the fostering of research, and the proper teaching of both medicine and surgery.

The ultimate tax bill can be kept down if we encourage citizens to form their own clinics for the scientific practice of medicine by competent groups of doctors. We want as little bureaucratic medicine as possible, and that little should be limited to the publicly supported institutions to which the "medically indigent," as they are politely called, must resort.

We must weave into one fabric public research laboratories, medical schools, prepayment group clinics, and hospitals and put all under competent supervision to maintain the highest standards. Possibly there should be a Secretary of Health at the head of a well-organized department. But that secretary must not be dominated by the American Medical Association. A Supreme Health Authority composed of leaders of medicine and selected, subject to Presidential approval, by the great medical schools, hospitals, and research institutions would be better. We shall not make much progress if a Secretary of Health is to receive his appointment in payment of a political obligation.

Research laboratories, medical schools, and hospitals are occasionally massed in what we call

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EPHEDRINE—plus active and aromatic emollients, in an adherent oily base—impart unusual efficacy to this preferred nasal spray for quick, soothing relief of the acute sense of local irritation in pollinosis cases. Formula: 'Pineoleum' with Ephedrine incorporates ephedrine (.50%), camphor (.50%), menthol (.50%), eucalyptus oil (.56%), pine needle oil (1.00%), and oil of cassia (.07%), in a base of doubly-refined liquid petrolatum. Available: in 30 cc. dropper bottles and 1 pt. pharmacy bottles—and in jelly form also. Try it today!

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MAYBE you never thought of War Bonds—as life-savers—and yet that's exactly what they are.

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A piece of paper. Weighs a tenth of an ounce, maybe. Printed in black and green ink.

Read it. You'll see the interest you get from it—\$4 from every \$3 you invest, as it pays you \$25 for \$18.75 in ten years.

Signed by the Secretary of the Treasury of the United States, and backed by the power and good faith of the world's mightiest nation.

But there are some things it won't tell you. Things that come from your heart. More important than interest. More important than security.

LIVES! Of clean, smiling American boys. Hundreds of thousands of them. Their lives depend upon bullets for the rifles they fire... shells for the cannon to blast Jap landing barges... bombs that drop from soaring planes... tanks that roar to the attack... great ships... submarines.

Supplied in abundance—and on time—they spell the difference between life and death—between Victory and defeat.

That is why it is up to us—here—now—every day—to buy War Bonds not only as an investment in our own future security—but as an investment in human lives today.

Think of that when you think of War Bonds. Buy them regularly—with 10% of your income—as a minimum goal.

And you, too, will help him come back—ALIVE.

## Keep on Buying War Bonds

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**'Αμβροσία (Ambrosia)**  
was all right for the gods...

But diets of ordinary mortals are apt  
to be deficient in vitamin B complex.

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POTENT, COMPLETE B COMPLEX

ELIXIR—4-oz. and 12-oz. bottles • TABLETS—bottles of  
100 • CAPSULES—(with Ferrous Sulfate) bottles of 100

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medical centers. Whether it serves an agricultural region, a township, a thriving town of 50,000, or an industrial city like Pittsburgh, such a medical center—not the county medical society—should be the heart of a community's health activities. Small centers must become branches or affiliates of those in the large cities, so that new knowledge will automatically saturate the whole fabric and the ten-year gap that now yawns between a major discovery and its introduction will be at least partially closed.

Medical care in these centers will have to be free for those who earn less than a statutory minimum. Those who can afford to pay must be charged fees that conform with a fixed schedule based on income. A millionaire will have to pay the top fee, but he will not be charged \$10,000, as he is now, for the removal of a tumor, simply because he is a millionaire.

Such a medical center will serve not only to care for patients who come to it by bus or automobile. Its field doctors will rush to the farm and the home when the call comes. And so in metropolitan areas.

Our magnificent municipal and voluntary hospitals are not yet closely woven into the pattern of medical practice, despite much free care and good ambulance service. They should be permitted to practice medicine in all departments and in the home and not merely in their out-patient departments and their wards. The hospital should be conducted not as a

Stop fierce, maddening  
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club, which may be used only by a few privileged physicians, but as a public service institution open to all qualified physicians. A doctor who is not fit to practice in a hospital is not fit to practice anywhere.

Does all this spell what physicians love to call "socialized medicine"? We use "socialized" education by establishing free schools and by making truancy an offense—but without abolishing private schools, colleges, and universities. There is no reason why fine medicine cannot be practiced in public medical centers in competition with private physicians, hospitals, and clinics.

The family doctor need not go the way of the dodo. Let the well-to-do seek him out, as they do now, and let them pay high fees for what they regard as personal attention. But the chances are that he will join a group of able colleagues, practice scientific medicine on the Mayo principle, and make as much money, on the average, as he ever did.

—WALDEMAR KAEMPFFERT

## Uncollected Accounts

[Continued from page 61]

in which value is expressed as percentage of the face amount.

3 months old.....	85%
6 months old.....	75
1 year old .....	50
2 years old.....	40
3 years old.....	30
4 years old.....	20
5 years old.....	10

Don't forget, of course, that your answer to any of the preliminary questions was no, the value of your accounts is probably less than that shown in the table. Other factors that obviously have an effect on the value of a doctor's accounts are the class of patient he treats and their financial status. The table assumes that such factors vary from average to good.

Remember also that the cost of collecting an account should be subtracted from its indicated value. The commissions charged by collection agencies on accounts more than a year old usually vary between 33 to 50 per cent; if the debtor must be located at a new

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## Dear Mom...I never felt better in my life"

ISN'T it wonderful to get a letter like that from your boy wherever he is . . . Iceland, Ireland, Australia, a camp in the U. S. A. Remember how you used to worry about his health when he was a little boy . . . how secure you felt in the house on Greene Street because it was around the corner from Doc Brown's? Right now your boy is getting the finest medical care in the world. No matter where he is, he's never farther than "just around the corner" from an army doctor and a mighty good doctor he is, too. That doctor, as all American doctors are, is armed with the knowledge that has grown out of advanced microscopical research . . . research that was made possible by Bausch & Lomb's introduction to the world of quantity production quality microscopes.

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address, a 50 per cent commission is common.

A third variable is whether the debtors are new or old patients. If a man eventually paid his past bills, chances are his account is sounder than that of a patient seen during just one illness.

The moral, in my opinion, is as cogent as it is brief: Collect promptly!

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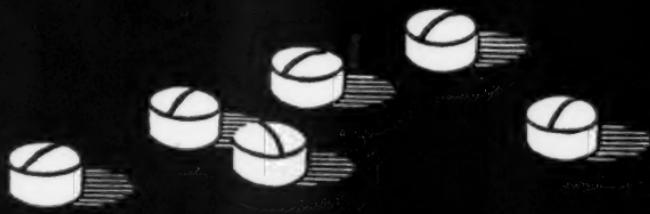


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## **Ways to Use Internes**

[Continued from page 63]

little time left for other work. Visiting doctors who are unable to make rounds at the appointed time should be prepared to forego the luxury of having internes trotting at their heels at all hours of the day and night.

**6. Safeguard the internes' health.** Provide wholesome food in a well-balanced dietary, with a nourishing late supper for those men who are on duty through the night. Require periodic x-ray examinations of the chest at, say, six-month intervals. Transform the present "monthly insult" into a modest salary to enable the internes without

an outside source of income to procure clothing, incidentals, and amusement during his off-duty hours.

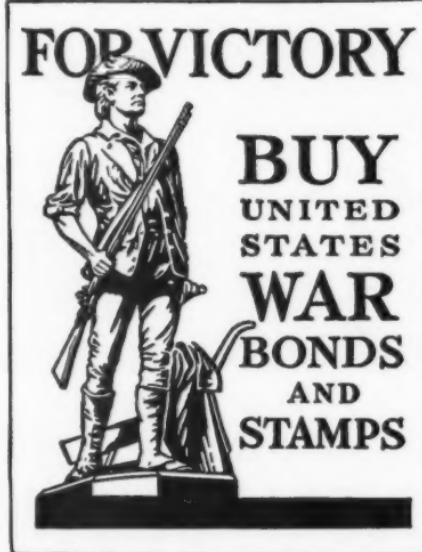
Only when such remedies as these are placed in operation will hospitals be fulfilling their wartime functions adequately.

—LESTER C. MARK, M.D.

## **Store Stocks**

[Continued from page 71]

year, but they will have the same supply shortage troubles as other stores in 1943. Volume in the regular drug departments—which ordinarily account for only two-fifths of the chain druggist's business—is expected to increase rather heavily. Tobacco sales also may pos-



# *Industrial Dermatitis*

## **ECZEMA-PSORIASIS**

*and other skin disorders*

**Mazon**  
IS YOUR  
**ANSWER**

The burden of the patient with eczema, psoriasis or other skin disorders is not an easy one to bear. His mind is apt to be as much on his discomfort as on his daily work.

**Help keep him on the job!**



Mazon is quickly effective and brings soothing relief to the irritated areas.

Mazon is anti-pruritic, anti-septic, and anti-parasitic. It is easy to apply and requires no bandaging.

Mazon often brings surprising rapid improvement where the lesions are not caused by, or associated with, systemic or metabolic disease.

Mazon is indicated in Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin disorders.

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sibly gain. But offsetting these items will be the effect of ice cream rationing on fountain sales and alcohol rationing on the cosmetics counter. Then there is a long list of other specialties such as watches, brushes, photographic supplies, and candy which are available in limited supply if at all.

—RAYMOND L. HOADLEY

### Pooling Night Calls

[Continued from page 38]

in my opinion, is to make sure each physician is clear on the plan, and to let him explain it to those who call him."

Repeatedly expressed by the doctors seen is the opinion that *all* physicians should feel a responsibility toward patients calling at night.

"I don't care if he's 100 years old or if he's never done general practice," said one man, "there is no excuse for the man who just says 'I never go out' and then hangs up. Every doctor, without exception, should either make the visit or refer the caller to a man who will." —F. H. ROWSOME JR.

### Sidelights

[Continued from page 28]

Columbus, Ohio, newspaper:

"A case of misfiguring [by the War Production Board] occurred in the baby-carriage business. The manufacturers were allowed six pounds of material for the production of each unit, the single-passenger vehicle. Yet it developed that the folks on the so-called home front are taking the production business seriously and are doubling their normal output by having twins.

"Now the parents of twins could have two carriages for transporting the dual progeny, but that would be uneconomical. Therefore, a two-passenger bye-bye is essential. It requires only half as many wheels as two carriages and conforms to the share-the-ride program. Also, it saves parking space.

"Manufacturers have to apply for special authorization to produce the larger carriages. In fact, one has had to go even further than that. In addition to making 75 twin jobs a month, he has had to get a sort of super extra permit to make an average of two triplet jobs a month to take care of what is known to the trade as the 'jackpot business.' [Turn the page.]

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# "SALICYLATE PROPHYLAXIS IN RHEUMATIC FEVER" \*

"186 young rheumatic subjects were observed before and following hemolytic streptococcal pharyngitis.

"47 of this group received prophylactic doses of sodium salicylate. 46 escaped and one developed rheumatic fever.

"139 patients were untreated. 82 escaped and 57 developed rheumatic fever.

"These observations suggest . . . the administration of salicylates during the respiratory infection and silent phase of rheumatic fever."

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(Buffered Salicylate-Alkali with Sodium Iodide)

introduces an increased factor of tolerance as well as effectiveness by reason of the association of alkali buffers in an effervescent medium which

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PROTECTS gastric mucosa and minimizes possible  
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Salici-Vess is available in convenient tubes of 30 tablets.

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\*Coburn, A.F. and Moore, L.V.: Salicylate Prophylaxis in Rheumatic Fever. Jl. of Ped., 21:180-183, (August), 1942.

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As we read of the observance "Be-Kind-to-Doctors-Week" in Portland, Ore., it is reassuring to learn that the people really meant to be kind, and not ironic. The public was urged to help the doctor by going to his office when possible, by consulting him early in an illness, and avoiding unnecessary night calls. Patients' families also were asked to cooperate with the hospitals by shortening visits, taking fewer bouquets and helping to feed and wait on patients.



The government's argument that physicians who move to civilian centers that need them will find patients able to pay good fees doesn't impress doctors who take a long view of the problem. It is true that large numbers of people employed in war production plants are earning more than they ever have in the past and are therefore able to pay for medical attention. But what will happen after the war, when production slows down, and population moves from erstwhile boom towns? Many a doctor is reluctant to pull up stakes now for fear he will find himself stranded when peace comes.



The tendency to telescope medical education during the emergency recalls a favorite topic of the late Dr. A. Lawrence Lowell, president emeritus of Harvard University, who was disturbed by the length of time taken to produce a physician. Complaining of what he considered no

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less attempts to cover too great a field, he once expressed concern lest a student be forced by age to retire before he had finished his training.

A vital force in the development of medical education though not a physician, Dr. Lowell contributed by suggestion rather than by dictate. Thus he practiced his conviction that it is unwise to argue with an expert on the latter's ground.

Associates of Dr. Lowell often relate his story of an occasion when his brother exclaimed to their father, "Doctors really know very little." The father replied: "That is true, but doctors know a little more than we do and so we find them valuable."



Well up on the list of astonishing statistics belongs an estimate released jointly by the Association of Life In-

surance Medical Directors of America and the medical section of the American Life Convention. These groups declare that no less than 25 per cent of American physicians' income is paid by insurance companies!

Citing 1936 as a typical twelve-months period, the insurance directors say that fees paid to medical practitioners in that year totaled more than \$200,000,000. The total income of the entire medical profession in America in the same year is estimated at \$800,000,000.

The insurance fees are itemized as follows: Paid by compensation companies, \$100,000,000; by oldline life insurance companies (more than 200 of them), \$70,000,000; by fraternal organizations, State insurers, self-carriers, contract practice, group, and industrial organizations, \$30,000,000.

## Have You a Legal Problem?

If you are confronted with a legal question that lends itself to publication and would interest physicians generally, MEDICAL ECONOMICS will be glad to obtain the answer for you and publish it. Naturally, your name will not be used. Write your question in the blank below, tear out, and mail.

-----To MEDICAL ECONOMICS, Rutherford, N.J.-----

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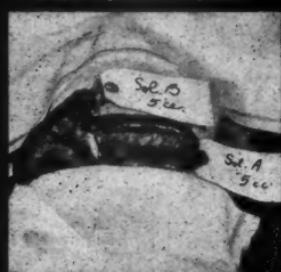
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1. Believe me, I've got a thankless job. I'm supposed to get Kay Roberts up. But she doesn't fall asleep till the wee hours. And I ring my head off without getting a rise out of her.

2. I know what's wrong. She's one of those people affected by caffeine. Even a little coffee makes her so jittery she can't sleep, and because she doesn't sleep she gets even jitterier.



3. If Kay would only switch to Sanka Coffee—the coffee that's 97% caffeine-free and can't keep anyone awake! It's real coffee... delicious coffee—only the caffeine is removed!

4. So, doctor, if you have any patients like Kay, suggest a switch to Sanka Coffee. It's easy on the palate as well as on the nerves. And it's kind to us alarm clocks.



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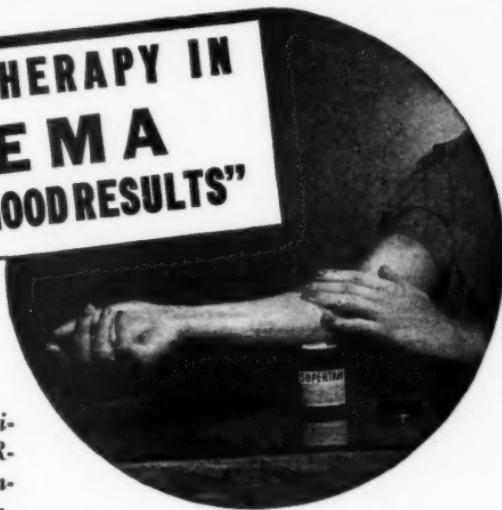
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City \_\_\_\_\_



**SUPERTAH THERAPY IN  
ECZEMA**  
**yields 88.1% "GOOD RESULTS"**



Almost 9 out of 10 physicians prescribing SUPERTAH (Nason's white, non-staining, nearly odorless concentrate of black coal tar) for Eczema report "GOOD RESULTS." This was determined by a cross-section survey of U.S. doctors made for us by an independent research agency.

There are good *reasons-why* SUPERTAH is preferred to the black tar:

(1) Clinical findings\* show that clean white SUPERTAH retains the beneficial therapeutic effects of black crude tar, free from any objectionable features.

(2) SUPERTAH does not irritate even the delicate skin of an infant, nor cause pustulations or other dermatitis as crude tar sometimes does.

(3) Most important, SUPERTAH is used by the patient because it is free of the objectionable odor . . . the repulsive black color . . . the linen and clothing-staining disadvantages of crude tar preparations, which, all too often, prompt the patient to skip their use, to leave them unopened on the bathroom shelf. SUPERTAH is used—used as you direct.

\*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases", p. 66.

# **SUPERTAH** (NASON'S)

TAILBY-NASON CO., Kendall Sq. Station, Boston, Mass.

MAKERS OF "SPHINX" BRAND OF RELIABLE PHARMACEUTICALS SINCE 1905



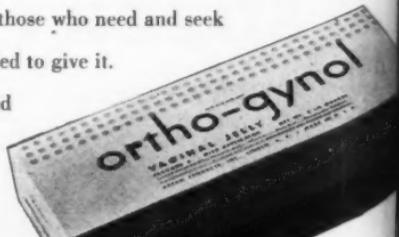
## "Seeds of the Red Lotus

will make those with gazelle eyes unfruitful."

—KALYANAMALL

- The great poets of India in the measured cadences of Sanskrit suggested certain methods, some of a mystic nature, for the control of fertility. But neither poetry nor mysticism have paved the way to medical progress in India.
  - *The Physician's Responsibility* . . . It is the province of medicine, the prerogative of the physician, to make decisions in all matters relating to fertility and sterility. The physician's responsibility encompasses all those who need and seek advice. The physician is the only person qualified to give it.
- Clinical and laboratory research has established the efficacy of Ortho-Gynol as prescribed by physicians for the control of conception.

\*Himes—Medical History of Contraception



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